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ANUARY 1990
OL. 89, NO. 1

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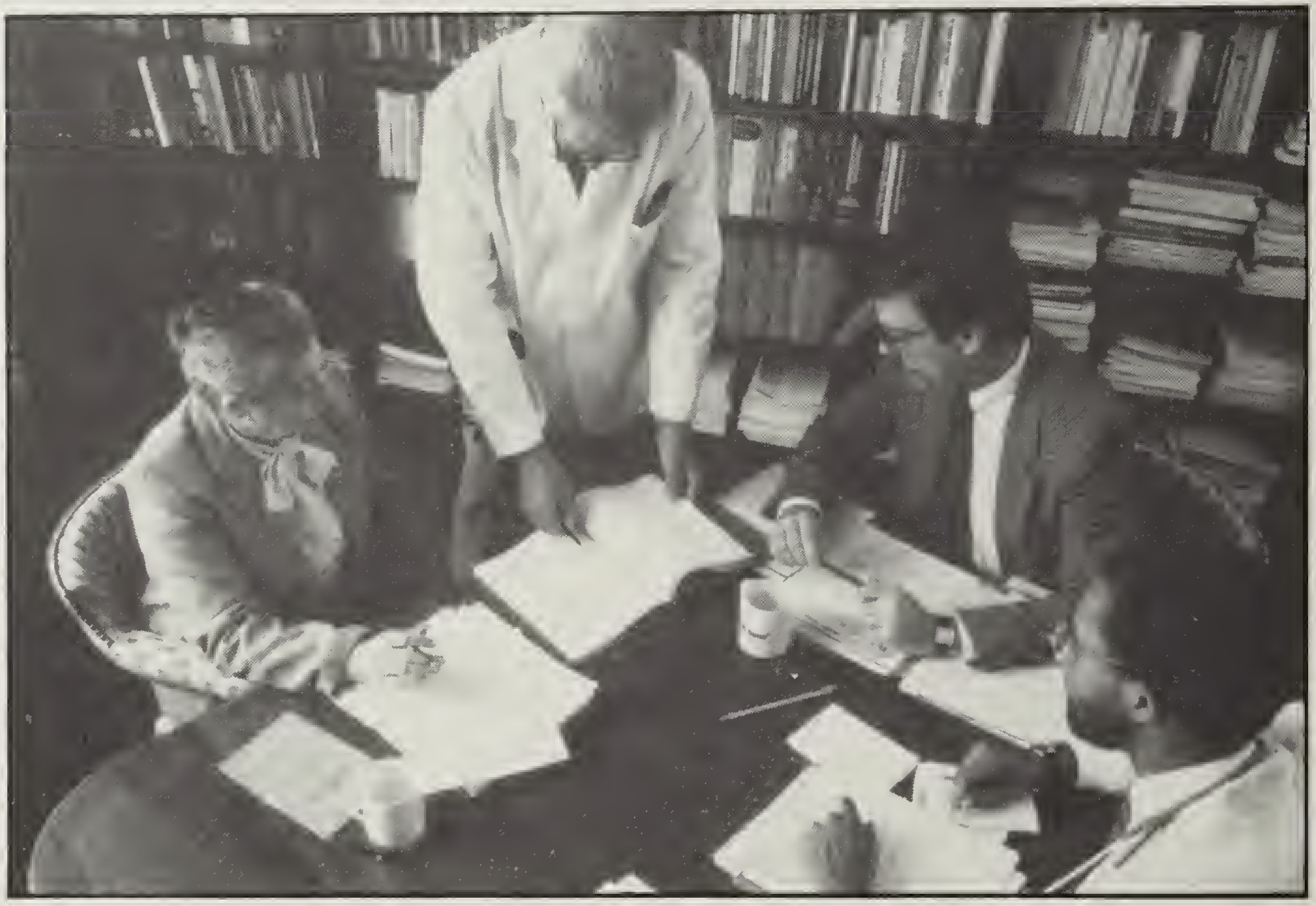

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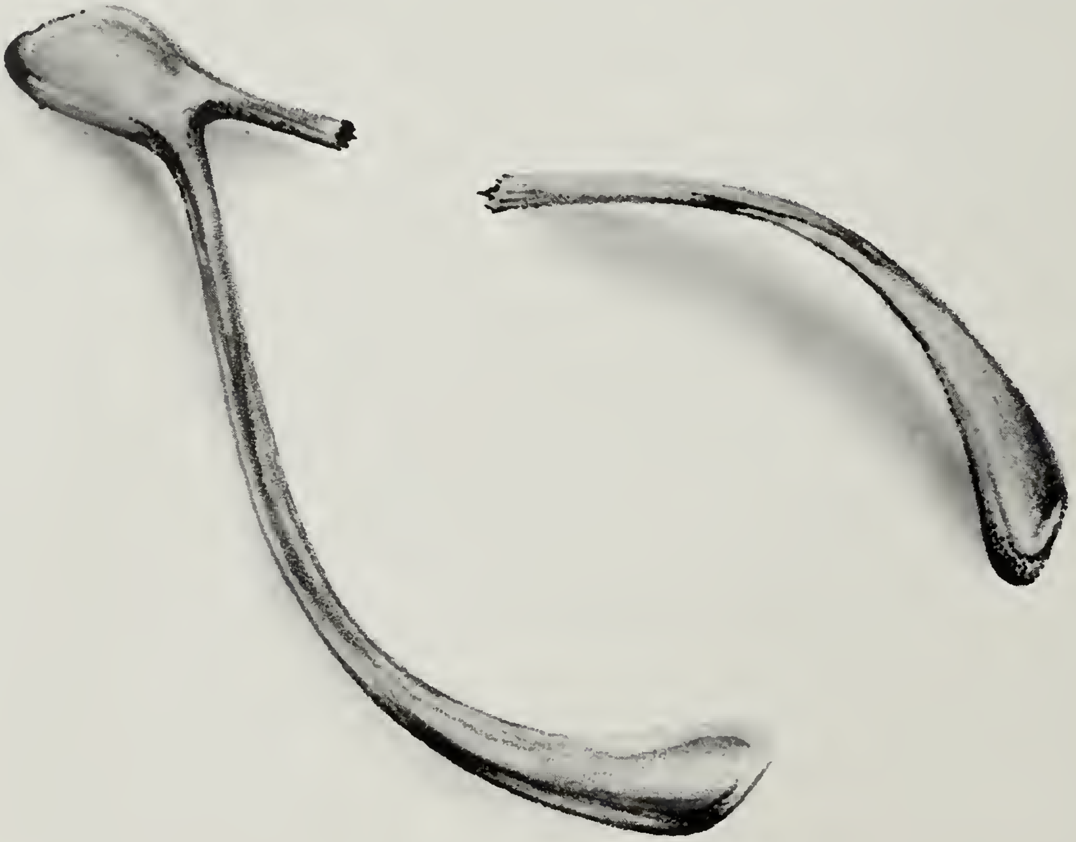

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MICHIGAN
MEDICINE

14 COVER STORY

"Perinatal Care: Access, Answers, Accountability" is the theme of this year's Michigan Conference on Maternal and Perinatal Health slated for March 21-22 at the Hyatt Regency Dearborn. This month's cover story features a complete preliminary program and registration form for this not-to-be-missed event. Building on the theme of the conference, this month's cover story begins with three articles on the issues surrounding access to obstetric care in Michigan.

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IN MY OPINION

Access to Health Care a Multifaceted Problem

By Marguerite R. Shearer, MD

The multifaceted problem of developing a program that will enable all those requiring health care to obtain that care is a definite challenge. Certainly as physicians we are deeply interested that medical needs of the working poor, the uninsured and the underinsured are met in a qualitative, humanitarian, and efficient manner. Extended efforts have been expended in addressing the multitude of questions which are intrinsic to the current situation. To date, an all-encompassing solution has not been found.

Governor Blanchard's Task Force on Access to Health Care, after two years of deliberation, voted down endorsement of a state-initiated universal health care plan by a one vote margin. There was substantial effort by the Academic Consortium members to create a universal plan, these efforts coincided with the desires of Task Force Co-Chair Walter Maher, a VP at Chrysler who has been actively lobbying in Washington, DC, for national universal health care. When the vote was narrowing contrary to these interests, the state government members (who voted in the negative) were accused of "...voting as a block." The reaction seemed that all those dedicated to a universal plan felt they had been sabotaged, and had wasted their time over the past two years. Initially, the charges were vehement and, in my opinion, inappropriate. It surprised me that a significant difference in opinion based on knowledge and experience was received in a less than polite, if indeed not truculent, manner.

It is apparent that Massachusett's experiment of providing coverage to the disabled, pregnant women and children, full-time college students and the working poor, has been a financial disaster to hospitals and physicians. That state's combination of the imposition of an effective income ceiling (most physicians must accept mandatory assignment), a tripled or quadrupled malpractice premium, and the relentless (and some say reckless) campaign of the Massachusetts Board of Medical Registration to prosecute physicians when complaints are lodged even if unsubstantiated, has led to an unprecedented level of physician dissatisfaction. Reportedly, physicians are leaving the state in droves. The Massachusetts Medical Society has widely publicized its declaration of the state as "an undesirable location in which to practice." There is an acknowledged crisis in access to care in certain regions of the state. This is certainly an example of what not to do.

It has been said that if medicine were being practiced efficiently rather than defensively, all the uninsured people could be covered for the same dollar amount we are now spending.

Perhaps practice parameters will be helpful in this regard if they are indeed oriented to cost-effective medicine and correlated with outcome management data. It seems adoption could be tied to liability shelter.

Physicians must control the science of medicine in addition to the art. We have little idea of the technological advances that will be made in the next decade or two; they are likely to be expensive and will likely restructure the approach to many disease states.

Developing a high-quality, cost-effective medical system that is accessible to all Americans will require the combined effort of the private and public sector. Physicians will need to be actively involved in the process both as advocates for our patients and responsible members of the profession we are privileged to serve. ■

Doctor Shearer, a member of the MSMS Board of Directors and the MSMS Committee on Publications, is chairman of the MSMS Task Force on Health Care for the Uninsured.

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Letters from Our Readers

Optometry and the insurance industry — a caveat for for physicians

Organized optometry has been promoting the idea that routine eye examinations can be done more cheaply by optometrists than by medical doctors. To advance these claims, a couple of studies have been distributed from a unit of the State College of Optometry, State University of New York.

The claimed cost savings overlook the differences between an optometric examination and a complete medical eye examination, as well as the considerable savings that result from correct initial diagnosis and prompt professional medical treatment.

Every physician recognizes that these claims of cost savings, involving eye care in this instance, ignore those areas frequently overlooked when any type of medical examination or treatment is proposed by non-medical health care workers.

(I recently received a copy of) a letter to the editor of a California publication for insurance brokers that fell victim to the promotion, and published the claims. We all understand that the insurance industry is under intense pressure to control health insurance costs. I encourage other physicians to consider increased communication with the insurance leaders in their state to prevent a recurrence of this unfortunate incident.

Bruce E. Spivey, MD
Executive Vice President
American Academy
of Ophthalmology

The Physician as Artist: A Call for Entries

The marvelous human machine is capable of creating moments, visions, thoughts that transcend its physical properties. Humans' abilities for creating, for enjoying beauty and for inspiring it are the essence of the life physicians strive to further and to protect.

Many physicians themselves exhibit excellence in the arts as well as in the sciences. It is this bent toward the arts that *Michigan Medicine* seeks to explore through a regular feature, launched in 1987.

Are you a poet? A writer of prose? A composer or performer of music? A dancer? A sculptor, painter or weaver? A photographer?

If so, we invite you to contribute your best works for publication in *Michigan Medicine.* If your creativity is expressed in media which need to be heard or otherwise personally experienced please describe them or send us photographs of your activities.

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U-M Med Center to create Alzheimer's disease research center

The University of Michigan Medical Center will establish an Alzheimer's disease research center with $6.17 million grant from the National Institute on Aging (NIA).

The Michigan Alzheimer's Disease Research Center (ADRC) will include several core research components, including clinical diagnosis, neuropathological studies, and training and information transfer. These cores will enhance services for patients with Alzheimer's disease while gathering large amounts of data on the disease and similar forms of dementia. The grant also will fund three major research projects that will investigate the biochemical causes and progression of the disease.

An estimated 250,000 people in Michigan and as many as 1.5 million Americans suffer from Alzheimer's disease or another form of severe dementia. It is estimated that within 50 years that number could exceed seven million Americans. Alzheimer's disease is responsible for up to 60 percent of disabling dementia.

Other forms of dementia, including those associated with Parkinson's disease, Huntington's disease and multiple small strokes, also will be studied by the ARDC researchers.

The center is one of three established this year by the NIA and one of just 15 in the country supported by the NIA, a branch of the National Institutes of Health.

MSU osteopathic medicine college receives grant

Students in Michigan State University's College of Osteopathic Medicine will have access to state-of-the-art computers, thanks to a $700,000 grant recently received by the college.

The grant, given in memory of Stefan Hans Kobiljak, DO, a 1985 graduate of the college, will be used to establish the college's Interactive Learning Resource Center (ILRC) and fund two to four scholarships.

The ILRC will house interactive computers which will offer medical students and faculty access to information both on and off campus, including community hospitals, the MSU library and major medical data bases such as MEDLINE.

The center also will provide computer-assisted and interactive videodisc instruction, allowing students to learn at their own pace and in their own fashion.

In addition to the physical improvements, the grant will fund scholarships to students who are highly motivated and demonstrate a need for financial assistance.

The grant was presented to the college by Doctor Kobiljak's parents, Stefan and Pat Kobiljak of Gross Ile, his brother Kurt and sister Karin.

Doctor Kobiljak was just beginning an internal medicine residency at Detroit's Henry Ford Hospital when he was killed in an automobile accident. A native of Grosse Ile, Doctor Kobiljak had earned a bachelor of arts degree from Albion College in 1981.

MHCERF awards several grants to area researchers

Michigan Health Care Education and Research Foundation (MHCERF) has awarded $529,959 in grants to several area researchers who are studying aspects of the health care system in Michigan.

John E. Billi, MD, assistant professor of internal medicine and assistant dean of clinical affairs, University of Michigan Medical Center, was awarded $50,000 for his study "Cost Containment Education for the Care of Elderly Patients," which will be carried out in the inpatient geriatric service at University of Michigan Hospitals.

Brant E. Fries, PhD, associate research scientist at the University of Michigan Institute of Gerontology, and Mark D. Ensberg, MD, geriatrics fellow, University of Michigan, have received $51,986 to continue work on their study, "Identifying Elderly Patients for Early Hospital Discharge," which was begun in 1988 with a grant from MHCERF.

A $50,000 award to Neal Persky, MD, MPH, director of the Turner Geriatric Clinic, The University of Michigan Institute of Gerontology, and Robert Burack, MD, of Wayne State University School of Medicine, will be used to continue their study, "The Underutilization of Screening Mammography by Elderly Women," begun in 1988 with a grant from MHCERF.

An award of $274,416 to Michigan Health and Social Security Research Institute, a not-for-profit research organization affiliated with the United Autoworkers Union, will be used to complete work on a study begun in 1987. Patricia Alting is serving as project director on "The Plant Closing Study."

Duane M. Kirking, Pharm.D, PhD, associate professor of pharmacy administration and health services management and policy at the University of Michigan received $54,790 for his study, "Use of Third Party Prescription Claims Data for Drug Use Review in the Elderly."

Terence Davies, MD, professor and director, Geriatric Fellowship at The University of Michigan Medical Center, received an award of $45,767 for the study, "Community-Based Geriatric Assessment (Screening the Elderly)," to be conducted in the Chelsea/Ann Arbor area.

Michigan Health Care Education and Research Foundation is the research and philanthropic affiliate of Blue Cross and Blue Shield of Michigan. Dedicated to the task of improving access to high quality, affordable health care for the citizens of Michigan, MHCERF research and grant programs focus on the quality of health care, cost containment and access to health care primarily for the older population.

Blood, urine tests may lead to easier, less invasive screening for bladder cancer

A simple blood or urine test may lead to easier, less invasive screening for bladder cancer, according to a study at the University of Michigan Cancer Center.

The finding, published in the December 1, 1989 issue of *Cancer Research*, could provide an alternative to the common diagnostic method for bladder cancer -- an uncomfortable procedure called a cystoscopy in which a telescope-like instrument is inserted into the bladder through the urinary tract.

The blood or urine test could replace or supplement the cystoscopy or expensive tests such as CT scans, bone scans and chest x-rays that can detect whether the bladder cancer has spread.

Researchers have discovered an antigen, released by bladder cancer cells, that has been found in the urine of some bladder cancer patients studied. In general, the more antigens or cancer -related proteins present, the more pervasive the cancer, according to H. Barry Grossman, MD, principal investigator of the study and director of urologic oncology at the U-M Cancer Center.

Oakwood Downriver unveils Sleep Center

An estimated one million people in southeastern Michigan, 50 million nationwide, suffer from some form of sleep disorder. Responding to these growing statistics, the Oakwood Downriver Sleep Center has opened its doors and is now receiving patients. The center, dedicated to the diagnosis and treatment of sleep disorders, is a department of Oakwood Health Services.

Located at Oakwood Downriver Medical Center in Lincoln Park, the sleep center enables primary care physicians to provide patients with initial assessments, possible treatments and/or make the proper referrals.

Director of the center is Lyle D. Victor, MD, who is actively involved in the study of sleep medicine. Doctor Victor recently attended an extensive course at the Stanford University Sleep Center, as well as the scientific session of the Association of Professional Sleep Societies. He also has published work in the area of sleep medicine.

Futuristic Biomechanics Lab open for business

By analyzing the way people move, Michigan State University's Biomechanics Evaluation Laboratory (BEL) is helping physicians diagnose and treat a wide range of ailments, as well as prevent future injuries.

The unique facility, located in Lansing's St. Lawrence Hospital, uses motion analysis equipment such as high-speed video cameras and computers to capture three-dimensional images of the body's movement.

"We can create an exact 'fingerprint' of how the body moves," says Robert Soutas-Little, PhD, BEL director and chairperson of the MSU Department of Biomechanics. "We can determine how the joints are moving and this aids in the diagnosis and treatment of any number of problems."

The technology offered by BEL is particularly useful in diagnosing and treating such conditions as Parkinson's disease and cerebral palsy. With cerebral palsy, Soutas-Little says, surgeons can use the data gathered in the lab to determine surgical methods to help victims of the disease walk.

The lab also is helpful in preventing injuries, especially

Continued on page 11

Physicians in the News

K.N. Manjunath, MD heads campaign for liability reform

By Judy Marr, Editor

MSMS member **K. N. Manjunath, MD**, of Brighton should dispel forever the myth that one person can't make a difference.

Doctor Manjunath, president of the Livingston County Medical Society, is singlehandedly leading a local campaign for liability reform.

"When Doctor (Robert E.) Paxton (MSMS president) says we need grassroots efforts, this is what he's talking about," says Doctor Manjunath. "My concern is that I don't know how widely across the state this type of activity is being undertaken by doctors."

For years Doctor Manjunath has shared his colleagues' dismay over the impact of the state's liability system on delivery of medical care.

He was among the thousands who marched on the state capitol in 1985. As Livingston president, he has invited Doctor Paxton and area lawmakers to society meetings to discuss liability problems.

He found a vehicle for greater activism, however, when he saw the MSMS Auxiliary's new 13-minute video, "Medicine in Jeopardy." The film, produced in cooperation with MSMS, impressively documents for the public the problems created by the state's liability crisis.

"Prior to this, I was so ignorant of the facts on health care and liability I felt inadequate to comment on any of the issues if someone asked me," says Doctor Manjunath.

He gathered informational materials from MSMS, took notes from the video script and prepared a handout his audiences could easily digest and discuss. He took his three-page summary and the video on the road.

Doctor Manjunath has shown the video at meetings of the local Rotary and Optimists clubs, to administrative and employee groups at McPherson Hospital in Howell, to social gatherings and to the local heart surgery support group.

He has asked the hospital administrators to review the information he has put together and to disseminate it to the public through the hospital newsletter, local newspapers, and radio talk shows.

He plans to invite local legislators back to a county society meeting when he will play the video.

"It's working!" he reports. "Our hospital people and the other groups have been very enthusiastic, very upbeat. Once they see the facts they get so enthused. It's amazing the response I get."

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In fact, Doctor Manjunath has found the task so "humungous," he has formed a committee of five fellow county society members to help him disseminate the liability facts.

"I'm trying to stimulate doctors to think about the problems, and to use the material in any form they can," he says. He's asking his colleagues to talk to at least four or five patients per day in their offices, and to "give it a shot" and call their legislators.

"I'm not sure we'll do anything to change things," he continues. "But in the long run we will feel we did our best.

"If we don't educate the public of the facts we will have a national health scheme down the road, and as doctors we will be blamed for not warning them it's not such a good scheme."

So many of his fellow doctors are uninformed, he observes. He also recognizes that many are afraid to discuss the issues with their patients.

He has overcome the same problems through the help of the MSMS/Auxiliary offerings. He points out there is much information available and he just used what already existed.

"I couldn't respond, either, before I had all the facts," he sympathizes. "Today I can say, 'Hey, listen, these are the facts.'" ■

Edward Krull, MD, chairman, Department of Dermatology, Henry Ford Hospital, is the newest recipient of the Mary Dugan Special Lecturer Award given by the Florida Dermatological Society. This prestigious award is presented each year to the candidate most involved and dedicated to the field of dermatology. Doctor Krull is the president of the Association of the Academy of Dermatologic Surgeons, a member of the Board of Directors of the Association of Professors of Dermatology, chairman of the Residency Review Committee and a member of the American Board of Dermatology.

Western Michigan University is honoring **Jack Ryan, MD, FACPE**, president and chief executive officer, Detroit-Macomb Hospital Corporation, with its Distinguished Alumnus Award. Doctor Ryan also has been recognized as a Distinguished Alumnus by the Wayne State University School of Medicine in 1977 and Wayne State University in 1979. He is clinical associate professor at WSU School of Medicine; associate editor of *Detroit Medical News;* board member of the Southeast Michigan Hospital Council; member of the American Medical Association; and a member of Michigan State Medical Society.

L. Murray Thomas, MD, was given the 1989 Faculty Service Award by the Wayne State University Alumni Association. Doctor Thomas has been with the University since 1953 and is a professor and chairman of neurosurgery in Wayne State's School of Medicine. He is a renowned surgeon and researcher. His work on biomechanics of head and cervical spine injury has been widely published. Doctor Thomas has trained more than 30 neurosurgeons now practicing throughout North America, Africa, and Asia.

Vivian M. Lewis, MD, is the most recent recipient of the Sidney B. Melet Humanitarian Award given by the Urban Coalition of Greater Flint. The award is given for demonstrated leadership and spirited effort to improve the quality of life for all residents. Doctor Lewis received her medical degree from Oklahoma School of Medicine and served her internship at Hurley Medical Center. She is an assistant professor in the MSU College of Human Medicine and is on staff at Hurley Medical Center and St. Joseph Hospital. Doctor Lewis is a past president of the Genesee Medical Society, a member of the Genesee Medical Society Board of Directors, and a Delegate to the Michigan State Medical Society House of Delegates.

Continued from page 10

among runners and other athletes. For example, an image of a runner's step could detect an idiosyncrasy in the way the person's foot is striking the ground, something which could lead to an injury such as a stress fracture. A sports medicine physician could then recommend changes in the way the athlete runs.

BEL's advanced technology overcomes limitations of the human eye which can observe motion but not measure it.

"In a sense, the motion is magnified," Soutas-Little says. "The technology lets the individual see details of motion that can't be seen by the human eye."

The motion captured by the lab's technology can be presented graphically with animated stick figures that show joint movement, or it can be displayed numerically to illustrate actual degrees of movement.

Soutas-Little says researchers are just scratching the surface in terms of what this technology has to offer and new applications are being devised almost daily.

The lab is a joint venture between Michigan State University, St. Lawrence Hospital and Healthcare Services, and Brooks Shoe, Inc.

U-M School of Public Health receives $487,545 grant

The University of Michigan School of Public Health is developing a master's degree program in public health policy and administration for upper-level health professionals who will remain employed off-campus while they study for the degree. The "On Job/On Campus" program is being funded through a $487,545 grant from the W.K. Kellogg Foundation.

"Currently, only 25 percent of the more than 3,000 local public health directors have public health training," says John H. Romani, U-M professor of public health administration. "Only 15 state health department heads have formal preparation in public health, and less than 30 percent of the estimated 250,000 professionals in the public health work force have had graduate education in public health. And difficulties are compounded because technology is being transferred too slowly from the academic and research settings to the practitioners and vice versa. Our 'On Job/On Campus' program will address those deficits in the system."

The master's degree program will serve upper-management-level state and local public health officials; community health program directors; and health professionals, attorneys and others with experience and training in related public policy or health fields.

Students will learn about critical issues in contemporary public health, analytical tools and techniques, the structure and operation of public and community health systems, health and disease processes, and administrative processes. The program also will provide training in negotiation, conflict resolution and resource allocation.

Classes for the On Job/On Campus program will be held in Ann Arbor during intensive four-day weekends scheduled every four to five weeks for a total of 24 meetings.

Beaumont seeks diabetic volunteers for eye study

William Beaumont Hospital's Clinics of Preventive and Nutritional Medicine are seeking volunteers for a two-year research study of a medication that may someday be used in the treatment or prevention of diabetes retinopathy, a disorder of the retina of the eye.

Continued on page 12

Continued from page 11

Cataracts and retinopathy are common complications of diabetes. Evidence suggests that these, and other complications of the disease, may be related to excess sugar in the cells of the body tissues that is formed from glucose by an enzyme called aldose reductose. The medication under study may inhibit this enzyme's action and thus prevent the progression of retinopathy in diabetics.

Candidates for the study must be Type I or Type II diabetics who are 18 to 65 years old. Visual acuity, with glasses, must be 20/20 to 20/40.

Persons with cataracts, glaucoma, a history of eye surgery or laser eye therapy are excluded from the study. Diabetics with impaired kidney functions, liver disease, gout, or women of childbearing potential without an adequate means of birth control are excluded.

Those interested in volunteering for the research study should call the Beaumont Clinics of Preventive and Nutritional Medicine at (313) 646-6500.

U-M, New Medico contribute to Ann Arbor Center for Independent Living

The Ann Arbor Center for Independent Living, an organization which helps disabled individuals live as productive members of society, recently received donations totaling $10,000 from Ann Arbor rehabilitation care institutions which deal with individuals with head injuries.

A check for $5,000 was presented to the Center for Independent Living by Theodore M. Cole, MD, chairman of the University of Michigan Medical Center's Department of Physical Medicine and Rehabilitation, and a check for $5,000 was presented by Stuart Phillips, PhD, executive director of New Medico Community Re-Entry Services of Ann Arbor.

The Ann Arbor Center for Independent Living, founded in 1976, advocates the rights of people with disabilities and offers direct services to help them reach and maintain a level of independence in their daily lives. The Ann Arbor Center is part of a network of over 300 Centers for Independent Living worldwide, and was the first branch opened in Michigan.

New Medico and the Department of Physical Medicine and Rehabilitation collaborate on research and rehabilitation at New Medico's post-acute head injury rehabilitation center in Ann Arbor.

State's first FDA approved study on new gallstone treatment device underway

The State of Michigan's first US Food and Drug Administration (FDA) approved study to investigate the safety and effectiveness of a new non-surgical gallstone treatment device began at St. John Hospital and Medical Center in November. The first patient was a 72-year-old man from Macomb County.

St. John Hospital and Medical Center, Oakwood Hospital, Dearborn, and Sparrow Hospital, Lansing, partner facilities in Michigan Mobile Lithotripsy, Inc., have been selected by the Siemens Company to be one of ten sites in the United States to use the company's Lithostar Plus Extracorporeal Shockwave Lithotripsy System (ESL). Michigan Mobile Lithotripsy, Inc., which operates a mobile laboratory is one of only two mobile sites in the nation.

The Lithostar Plus uses sound waves, focused by ultrasound imaging techniques, to non-surgically pulverize gallstones in a mobile medical laboratory. This new technology makes it possible for patients to need little or no anesthesia, and eliminates the need for waterbaths found on older lithotripters. ■

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Cover Story

Access to Obstetric Care in Michigan

Professional Liability is at the Root of the Crisis

By Robert P. Lorenz, MD

If a fire blazed out of control through your neighborhood while the fire department laid off trained firefighters and took away their equipment, you would be outraged. In Michigan the fire is an unacceptably high infant mortality rate, and we need firefighters. There is a crisis in access to obstetric care in Michigan due to professional liability, which is affecting the health of Michigan's citizens.

Michigan ranks 42nd of 50 states in infant mortality and worse than 18 nations. In 1987, the infant mortality rate in Michigan actually rose to 11 deaths per 1,000 live births. It will not meet the US Surgeon General's goal of an infant mortality rate of 9 per 1,000 in 1990 despite considerable effort by the State to expand Medicaid eligibility and support services.

Good prenatal care begun early in pregnancy contributes to reducing infant mortality and morbidity. For the first time, a large number of pregnant women in Michigan literally can't get prenatal care on a timely basis. The reason is that there are fewer and fewer physicians willing to provide care, primarily because of the professional liability crisis in obstetrics.

With fewer physicians practicing obstetrics and the costs of practice (both financial and emotional) rising dramatically, the patients who suffer the most are those that need care the most: the poor, those with high risk pregnancies, and those in rural areas. The remaining obstetricians face a demand for services that exceeds their individual limits for the maximum number of patients for whom they can provide good obstetric care. In a time of rapidly rising costs, it is understandable that obstetricians may limit services to the fraction with reimbursement that covers expenses.

Professional liability affects all of medicine, but obstetrics is the specialty suffering the most, as measured by the relative rate of increase in liability premiums and the settlements and jury awards. In obstetrics, Michigan has the worst professional liability conditions in the country, according to the American College of Obstetricians and Gynecologists (ACOG). Liability premiums are among the highest in the nation, these premiums buy 10-20 percent of the coverage available in New York or Florida, jury awards are as high or higher than other states, the frequency of awards against doctors is high, and reimbursement for services is much lower than in states such as New York and Florida. Michigan's

Continued on page 16

relative standing in the nation can be exemplified by a recent article in *AM News*. Vermont has problems with access to care, but one hard-pressed community recruited an obstetrician "eager to give up the high insurance premiums and stress practicing in Detroit." This liability climate creates financial obstacles to practicing obstetrics, but equally important is the emotional toll on the physician.

Years ago, obstetrician/gynecologists in their 60s and beyond delivered babies, not for the needed income, but for the joy and satisfaction of helping with the miracle of birth. Couples rarely forget a few people in their lives: the minister who married them and the doctor who delivered their children. This privileged role was the reason many doctors chose obstetrics and put up with long hours and lost sleep. But liability has changed the doctor/patient relationship for some from the trusted alliance of traditional obstetrics to a potentially adversarial relationship. This overlay of immediate or future confrontation has radically changed the personal equation for some physicians: the stress isn't worth it. Now some ob/gyns in Michigan try to quit obstetrics as early as possible, some in their 40s, and are relieved and happy.

A look at the facts

What has been the impact on access to obstetric care?

– According to the Michigan Department of Public Health Survey of Prenatal Care, in 1988, women were traveling further, having more trouble finding a doctor, and waiting longer after calling for a first appointment than they were two years ago. Fifty-two percent of women have trouble finding a doctor accepting Medicaid.

– Obstetric clinics in many communities have six- to eight-week waiting lists: far too long for good early care.

– Many counties, for the first time in years, have no obstetric care available within the county.

– Some private offices refuse care to new patients and only offer care to women they cared for before the pregnancy.

– Some communities have no physicians willing to care for Medicaid patients, requiring them to travel to other towns for care.

– Many board certified obstetricians refuse care to "high risk" women despite the fact that by training, experience, certification, and support services at their hospitals, they are qualified to offer care.

– Many women who seek care cannot find it, and simply appear at a hospital when in labor, often with preventable problems which have progressed due to lack of care.

– Fifteen hospitals, ten percent of all the hospitals in Michigan doing obstetrics, closed their obstetric units between 1986 and 1988.

– One hospital and its physicians moved its facilities and offices from Michigan to Wisconsin, primarily due to liability concerns.

– Women with private insurance in many communities cannot find a physician accepting insurance as payment-in-full for obstetric care. These women attempt to find care in clinics, which overload systems designed for the indigent. In many cases they delay or forego care altogether.

An endangered species

This crisis in access to obstetric care is not due to an increased demand: the number of births is only rising gradually in Michigan. The supply of physicians is dwindling. Physicians doing obstetrics are an endangered species:

– Physicians are retiring earlier from obstetrics while continuing other aspects of their practice. In many hospitals, the delivery suites are bare of senior obstetricians — the wise and experienced authorities who were such a resource for advice and help to their patients and younger colleagues. According to a national 1987 survey by ACOG, 67 percent of ACOG Fellows quit obstetrics before the age of 55; 29 percent before age 45; 6 percent before age 35. This was significantly earlier than the age of retirement described in their 1985 survey. Forty-one percent of Fellows changed their obstetric practice in some way due to the threat of malpractice suits; 27 percent reduced the level of high risk obstetrics; 12 percent reduced the number of deliveries; 12 percent did no obstetrics for this reason.

– In one large hospital the number of active obstetricians fell from 47 to 27 from 1984 to 1988 while the birth rate was unchanged.

– Despite a large number of training programs in obstetrics in Michigan, new graduates are leaving the state in increasing numbers. In a recent survey of ob/gyn training programs in Michigan, 62 percent of the residents stated they planned to leave the state after graduation. New graduates are not staying in sufficient numbers to replace those who leave obstetrics. Liability is the most commonly cited reason.

Conclusion

The professional liability problem affects all of obstetrics: it changes practice behavior (e.g., cesarean section rates); it increases costs directly and indirectly; and it alters the patient-physician relationship. These changes are a reality that those in practice have known for years.

The reality of lack of access to obstetric care is new for the citizens and leaders of this state and urgently requires a solution to the professional liability issue for obstetrics in Michigan.

It is time for obstetrics to become the pilot project for innovative solutions to the distressing liability quagmire in Michigan.

References for this article are available from Michigan Medicine upon request.

Doctor Lorenz is chairman of the MSMS Committee on Maternal and Perinatal Health and represents MSMS on the MDPH Task Force on Regionalized Perinatal Care.

The Time Has Come to Resolve Professional Liability in Obstetrics

The stakes are no less than the well-being of mothers and infants

By James W. Gell, MD

Obstetricians have long felt they were the only victims of the medical liability crisis in Michigan — victims of a system that equates maloccurrence with malpractice, a system that operates like a lottery: a few big winners and many losers.

"Medical Professional Liability in the Delivery of Obstetrical Care," a recent publication of The Institute of Medicine of the National Academy of Sciences, presents the results of a detailed, in-depth investigation of these issues. The study focuses on obstetrical care, because obstetrical claims make up 10 percent of all medical malpractice claims nationwide. The report details the fact that the present liability climate has had a negative impact upon the delivery of care to obstetrical patients and especially to the underinsured, uninsured, and disadvantaged women in America. Pregnant women have been, are today, and will be in the future, the victims of this system.

Is it any wonder that the age at which obstetricians in the US stopped delivering babies dropped by four years from 1984 to 1988? Is it any wonder that there are fewer physicians delivering babies or that Medicaid patients find it increasingly difficult to find a physician who will provide care? Is it any wonder that most Ob/Gyn residents are leaving the state of Michigan after completing their residency training?

The state of Michigan has declared prenatal care a "basic health service." Eligibility for Medicaid obstetrical benefits has been raised to 185 percent of the federal poverty level. Support services for Medicaid obstetrical patients have been expanded. Physician fees for obstetrical care have been raised more than for any other care in the Medicaid system. The application system for Medicaid obstetric care has been made more efficient. In spite of these changes, it is unlikely that pregnant women under Medicaid will find it easier to find an obstetrician willing to provide care.

Volumes have been written about these problems. Solutions have been proposed. For the most part, these solutions have only tinkered with the system and the problem. Every step forward is challenged and progress has really not been made.

Instead of tinkering with the system – which is out of control – I feel what has to happen is a radical change in the system. The Swedish model which has been proposed is not relevant to the United States, unless we are willing to adopt the social insurance mindset of the Scandinavians. A no-fault system has attractiveness, but has little chance of acceptance, primarily because the cost would be overwhelming.

The AMA Council of Medical Specialty Societies issued a report in January 1988 proposing an experimental system for medical malpractice matters. The report was entitled, "A Proposed Alternative to the Civil Justice System for Resolving Medical Liability Disputes: A Fault-based, Administrative System." This program deserves study and consideration.

The Physicians Insurers' Association of America (PIAA) has a proposal entitled, "Establishment of Fault by Either Administrative Review or Normal Adjudication Followed by Indemnification Using a Fixed Benefit Program." This is one of the more promising alternatives. It reduces the inefficiencies in the present system and it improves the effectiveness of the tort system. It establishes consistency in paying for compensable loss. There are weaknesses in the system, such as the advance option of using the current tort system, but even then, if negligence is proven, the schedule of benefits would apply. This provision is the answer to the constitutional challenges which are sure to occur if such a program were to be adopted.

In the *New England Journal of Medicine*, a special report was published October 12, 1989, commenting on the report by the Institute of Medicine of the National Academy of Sciences. The committee concluded that the professional liability problem adversely affects the delivery of obstetrical services, especially to disadvantaged women, those living in rural areas, and those with high risk pregnancies.

It is time for federal and state governments, lawyers, doctors, insurance companies, and patients to work together to resolve the problem of medical professional liability in obstetrics. The stakes are no less than the well-being of mothers and infants."

Doctor Gell is chairman, Michigan Section, American College of Obstetricians/Gynecologists.

Access to Obstetric Care in Rural Areas:

Liability is One of Many Problems

By David C. Nolan, MD

Access to prenatal care in rural Michigan is influenced by many forces including economics, politics, and sociologic factors. These conclusions are drawn from observations made over the last six years of six mostly rural Western Michigan counties of approximately 150,000 total population.

Over this period of time, the local health departments which I direct in these six counties have moved from providing only referral services to those seeking a source of prenatal care, to where we now administer programs which carry funding mechanisms and actively assist with access to prenatal care for pregnant women of specified low income. We do not provide primary health care in the form of prenatal care.

We have encountered problems of access which are familiar. Physicians, usually generalists, who provided prenatal care have retired. Some did so specifically for reasons of "government interference" and/or "climate of litigation." Others continued to practice but gave up prenatal care, again for similar reasons. As a partial result of these retirements and semi-retirements many women have had to seek a new source of prenatal care. The sources are fewer and the distances involved now are often greater.

Recently, adverse employment trends have resulted in so-called "new poor" or, at least, increased financial stress on families. Those affected prominently include families of child-bearing ages.

Increasing numbers of "government-pay" patients have been accompanied by complaints about inadequacy of payments and attendant restrictions. Further, patients frequently lack reliable transportation, and have up to sixty miles of travel to a physician or clinic.

During our transition to more prenatal care-related activities, we have had periods when up to half of our enrolled pregnant women could not find sources of prenatal care in their home community. As physicians willing to care for them found their appointment books and waiting rooms being crowded, they were likely to become reluctant to continue their cooperation.

Physicians reiterated their "liability" and "government" concerns. They related that the "new" patients weren't as reliable as their "old" patients and that the "new" patients may not fit into their practice as well.

Not all bad news

The story has not been as dismal as the above might suggest. There are several bright spots. We have seen an increase in the number of obstetricians. They have, in general, come into the area and don't seem to perceive an adverse change from the "good old days."

Many family physicians have continued to provide the broad range of care for their patients, and obstetricians have provided back up and accepted high-risk pregnancies in referral. A small number of generalists have continued in prenatal crea. A smaller number have been willing to receive referrals from the local health department. They, indeed, have been generous in their willingness to accept government-pay pregnancies.

We do, however, still have to refer to some not-so-nearby urban centers. We regard the situation as tenuous.

It remains difficult to recruit and retain physicians in rural areas. The continued threat of more hospital closures further threatens physician recruitment and retention and, therefore, access to prenatal care. A single bed liability story could cost us essential portions of our referral network.

Transportation problems and distances remain facts of life. Neither physicians nor local health departments can greatly influence this. We have modest ability to assist in this regard. There have been more programs introduced in recent years to assist with costs.

Least amenable to remedy by physicians or local health departments are psychosocial factors evidenced by pregnancy at very young ages; pregnancies as a result of incest; failure to seek prenatal care when it is available; failure to give up high-risk habits; refusal to seek medical care at all by some families; child-abusing families; etc. These have definite impact on access to prenatal care. These problems, while evident in urban areas, are particularly troublesome in rural areas and may, arguably, be larger problems than all of the above. ■

Doctor Nolan is health director, Michigan Amalgamated Health Districts, White Cloud.

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The factors influencing the quality of medical care today are more complex than they were in 1847. There are questions of evolving technologies, new delivery systems, policy debates, cost containment and more—each needing to be weighed to determine what constitutes the best quality care for individual patients.

But at the AMA, we still believe only physicians can provide the answers. That's why we continue to lead the medical community and design programs to inform, educate and monitor *ourselves*. And that's why we've recently established the AMA Office of Quality Assurance.

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Obstetrical Concerns

- learn how Michigan can achieve reproductive literacy
- learn where obstetrical patients go and the problems of access
- understand more about perinatal care effectiveness
- become an active advocate for maternal health care
- review management of the hypertensive pregnant patient
- learn a practical approach to handling trauma in pregnancy
- gain new ideas on repetitive pregnancy loss
- review professional liability problems and discover new ideas
- treat premature rupture of membranes
- recognize symptoms of cocaine abuse and learn more about treatment
- explain the benefits of single room maternity care
- be aware of what's new in viral infections such as STDs
- identify ways to break down the barriers to perinatal care

Pediatric Concerns

- understand the problems of access to quality care for children and the proposed solutions to these problems
- learn methods to assess the effectiveness of perinatal and neonatal health care
- recognize the role of advocacy in bringing about changes in maternal and infant health and how to generate enthusiasm for such
- become familiar with the nutritional problems of the low birth weight infant and the latest methods of providing enteral and parenteral feedings
- comprehend techniques aimed at helping the stressed parent improve his/her coping abilities
- learn how to react to a positive finding on the statewide metabolic screening test
- understand the diagnosis and treatment for the infant with an acute abdominal process
- formulate an approach to decision making which considers both ethical dilemmas and practical considerations
- develop a diagnostic and therapeutic approach to the infant delivered following prolonged rupture of membranes
- recognize newer techniques to identify the infant born to substance-abusing mother
- learn about the long-term outcomes of very low birth weight infants
- become aware of the problems and management of the pre-term infant with post-hemorrhagic hydrocephalus
- understand the limit of viability for the extremely low birth weight infant and its clinical implications.

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Wednesday Morning, March 21

7:30 a..m.
Registration, Continental Breakfast

8:15 a.m.
General Session: "Reproductive Literacy: Can It Be Achieved?"

Welcome: Robert E. Paxton, MD, President, Michigan State Medical Society

Moderator: Robert P. Lorenz, MD, Director, Maternal and Fetal Medicine, William Beaumont Hospital, Royal Oak

8:30 a.m.
"Access to Quality Care for Women and Children" George Malkasian, MD, President, American College of Obstetricians and Gynecologists; Senior Consultant, Department of Obstetrics and Gynecology, Mayo Clinic, Rochester, Minnesota

9:10 a.m.
"Perspectives on Effectiveness of Perinatal Care" Sister Jean Meurer, nurse, midwife, University of South Florida, Tampa

9:50 a.m.
Break

10:20 a.m.
"The American Academy of Pediatrics Initiatives on Access to Care" Antoinette Eaton, MD, Vice-President/President-Elect, American Academy of Pediatrics, Columbus, Ohio

11:00 a.m.
"Generating Enthusiasm for Maternal/Child Health Through Advocacy" Jean Luckett, RN, PhD, Jackson, Mississippi

11:40 a.m.
Question and Answer Session (all speakers)

NOON
Adjourn to luncheon poster presentation

Wednesday Afternoon, March 21

Concurrent Sessions in A) Obstetrics and B) Pediatrics

A

Obstetrics
Moderator: John Addy, MD, Conference Co-Chairman, Associate Clinical Professor, Department of Obstetrics/Gynecology & Reproductive Biology, Michigan State University College of Human Medicine

B

Pediatrics
Moderator: Steven Donn, MD Conference Co-Chairman, Associate Professor, Department of Pediatrics, Section of Newborn Services, University of Michigan Medical Center

A

Obstetrics

2:00 p.m.

"Management of Hypertension in Pregnancy"
Christopher Redman, MD, FRCP, Clinical Reader in Obstetric Medicine, University of Oxford, England

2:30 p.m.

"Trauma During Pregnancy: A Practical Approach to Management"
Mark Pearlman, MD, Department of Obstetrics and Gynecology, Baylor College of Medicine, Houston, Texas

3:00 p.m.

Break

3:30 p.m.

"Repeated Pregnancy Loss"
S. Jan Behrman, MB, ChB, Clinical Professor, Obstetrics and Gynecology, University of Michigan Medical School; Professor, Department of Obstetrics and Gynecology, Wayne State University School of Medicine

4:00 p.m.

"Professional Liability and ACOG"
George D. Malkasian, Jr., MD, President, American College of Obstetrics and Gynecology; Senior Consultant, Department of Obstetrics and Gynecology, Mayo Clinic, Rochester, Minnesota

4:30 p.m.

Question and Answer Session
All Speakers

5:00 p.m.

Adjournment

B

Pediatrics

2:00 p.m.

"Nutritional Support of the Premature Infant: Enteral"
Gilberto R. Pereira, MD, Associate Professor, Department of Pediatrics, The University of Pennsylvania School of Medicine; Neonatologist, Children's Hospital of Philadelphia

2:30 p.m.

"Helping Parents Cope"
Kristine Siefert, PhD, MPH, Associate Professor, School of Social Work, University of Michigan

3:00 p.m.

Break

3:30 p.m.

"Neonatal Screening: What To Do With a Positive,"
John Naber, PhD, Newborn Screening Coordinator, Michigan Department of Public Health

4:00 p.m.

"Acute Abdomen in the Neonate"
L. Mason Cobb, MD, Associate Professor, Department of Surgery & Pediatrics, Michigan State University College of Human Medicine

4:30 p.m.

Question and Answer Session
All Speakers

5:00 p.m.

Adjournment

Thursday Morning, March 22

Concurrent Sessions in **A) Obstetrics and B) Pediatrics**

7:30 a.m.

Registration, Continental Breakfast

A

Obstetrics
Moderator: Joseph S. Moore, MD,
Butterworth Hospital, Grand Rapids

8:30 a.m.

"Premature Rupture of Membranes"
Martin L. Pernoll, MD, Executive Dean, School of Medicine, Kansas University, Kansas City, Kansas

9:00 a.m.

"Cocaine Use in Pregnancy"
Federico G. Mariona, MD, Professor, Obstetrics, Wayne State University School of Medicine; Director, Maternal and Fetal Medicine, Oakwood Hospital, Dearborn

9:30 a.m.

Break

10:00 a.m.

"Single Room Maternity Care: Successful For Everyone"
Cindy Krening, RN, MS, Perinatal Clinical Specialist, AMI St. Luke's, Hospital, Denver, Colorado

10:30 a.m.

"Viral Infections in Pregnancy"
Curtiz D. Meriwether, MD, Assistant Professor, Department of Obstetrics and Gynecology, Wayne State University/Hutzel Hospital

B

Pediatrics
Moderator: Steven Donn, MD, Conference Co-Chairman, Associate Professor, Department of Pediatrics, Section of Newborn Services, University of Michigan Medical Center.

8:30 a.m.

"Nutritional Support of the Premature Infant: Parenteral"
Gilberto R. Periera, MD, Associate Professor, Department of Pediatrics, The University of Pennsylvania School of Medicine; Neonatologist, Children's Hospital of Philadelphia

9:00 a.m.

"Practical, Ethical, Decision-Making,"
John V. Hartline, MD, Neonatologist, Bronson Methodist Hospital and Borgess Medical Center, Kalamazoo

9:30 a.m.

Break

10:00 a.m.

"Prolonged Ruptured Membranes: To Treat or Not to Treat,"
Roger G. Faix, MD, Associate Professor, Department of Pediatrics; Staff Neonatologist, University of Michigan Medical Center

10:30 a.m.

"Identification of the Substance-Abused Neonate"
Enrique M. Ostrea, Jr., MD, Chief, Department of Neonatology, Hutzel Hospital; Professor, Pediatrics, Wayne State University School of Medicine

11:00 a.m.

Question and Answer Session All Speakers

11:30 a.m.

Adjourn to Luncheon Meetings: (all concurrent sessions)

"Long Term Outcome of Very Low Birth Weight Infants,"
Seetha Shankaran, MD, Department of Neonatology, Children's Hospital of Michigan; Wayne State University School of Medicine

Luncheon Presentation continued

"One-On-One With The Pregnant Teenager," Sister Jean Meurer, Tampa, Florida

"Calcium Metabolism in Pregnancy," Martin L. Pernoll, MD, Executive Dean, Kansas University School of Medicine, Kansas City, Kansas

"Nutritional Assessment of the Neonate," Gilberto R. Pereira, MD, Associate Professor, Department of Pediatrics, The University of Pennsylvania School of Medicine; Neonatologist, Children's Hospital of Philadelphia

"Music and The Childbearing Family," Cindy Krening, RN, MS, Perinatal Clinical Specialist, AMI St. Luke's, Denver, Colorado

"Post-Hemorrhagic Hydrocephalus in the Premature Infant," Alan Jones, MD, Neonatologist, Grand Rapids and Thomas Shaw, MD, Neonatologist, Butterworth Hospital, Grand Rapids

Thursday Afternoon, March 22

1:30 p.m.

General Session
Introduction/Moderator: Richard Marshall, MD, Director of Neonatology, Edward Sparrow Hospital, Lansing

1:45 p.m.

"Barriers to Perinatal Care"
Robert L. Gatson, MD, Acting Director, Section of General Pediatrics; Director, Undergraduate Medical Education, Department of Pediatrics, Loyola University Medical Center, Maywood, Illinois

2:30 p.m.

Break

2:45 p.m.

"Importance of a Prenatal Care Program on Pregnancy In Early Adolescents"
Richard E. Smith, MD, Adolescent and Pediatrics Gynecology, Henry Ford Hospital, Detroit

3:30 p.m.

"The Limits of Viability"
M. Jeffrey Maisels, MD, Clinical Professor, Department of Pediatrics, Wayne State University School of Medicine and University of Michigan Medical School; Chairman, Department of Pediatrics, William Beaumont Hospital, Royal Oak

4:15 p.m.

Question and Answer Session with All Speakers

4:30 p.m.

Conference Adjourns

29th Annual Michigan Conference on Maternal and Perinatal Health

March 21 & 22, 1990, Hyatt Regency Dearborn

Wednesday Morning, March 21 - General Session: "Reproductive Literacy: Can It Be Achieved?"

7:30	Registration, Continental Breakfast
8:15	Welcome
8:30	"Access to Quality Care for Women and Children"
9:10	"Perspectives on Effectiveness of Perinatal Care"
9:50	Break
10:20	"The American Academy of Pediatrics Initiatives on Access to Care"
11:00	"Generating Enthusiasm for Maternal/Child Health Through Advocacy"
11:40	Question and Answer Session (all speakers)
Noon	Adjourn to Luncheon Poster Presentations

Wednesday Afternoon, March 21 - Concurrent Sessions in A) Obstetrics and B) Pediatrics

A. Obstetrics:

2:00	"Management of Hypertension in Pregnancy"
2:30	"Trauma During Pregnancy: A Practical Approach to Management"
3:00	Break
3:30	"Repeated Pregnancy Loss"
4:00	"Professional Liability and ACOG"
4:30	Question and Answer Session
5:00	Adjournment

B. Pediatrics

2:00	"Nutritional Support of the Premature Infant: Enteral"
2:30	"Helping Parents Cope"
3:00	Break
3:30	"Neonatal Screening: What To Do With A Positive"
4:00	"Acute Abdomen in the Neonate"
4:30	Question and Answer Session
5:00	Adjournment

Thursday Morning, March 22 - Concurrent Sessions in A) Obstetrics and B) Pediatrics

A. Obstetrics

7:30	Registration, Continental Breakfast
8:30	"Premature Rupture of Membranes"
9:00	"Cocaine Use in Pregnancy"
9:30	Break
10:00	"Single Room Maternity Care Successful For Everyone"
10:30	"Viral Infections"
11:00	Question and Answer Session
11:30	Adjourn to Luncheon Meetings

B. Pediatrics

7:30	Registration, Continental Breakfast
8:30	"Nutritional Support of the Premature Infant: Parenteral"
9:00	"Practical, Ethical, Decision-making
9:30	Break
10:00	"Prolonged Ruptured Membranes: To Treat or Not to Treat"
10:30	"Identification of the Substance-Abused Neonate"
11:00	Question and Answer Session
11:30	Adjournment to Luncheon Meetings

Thursday Afternoon, March 22 - General Session

1:30	General Session
1:45	"Barriers to Perinatal Care"
2:30	Break
2:45	"Importance of a Prenatal Care Program on Pregnancy in Early Adolescents"
3:30	"The Limits of Viability"
4:15	Question and Answer Session (All Speakers)
4:30	Conference Adjourns

Retain this portion

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Nurse ______ Resident ______ Other ________________________

Wednesday, March 21, 1990

☐ Full-Day Session ($55 includes Poster/Luncheon) $________

I will attend poster luncheon: Yes ☐ No ☐
(residents and students $10)

Choose one topic for afternoon concurrent session:

☐ A: Obstetrics ☐ B: Pediatrics

WEDNESDAY TOTAL = $ ________

Tuition Schedule: Physicians, Nurses and Others:
$55 Wednesday (includes poster luncheon)
$45 Thursday (luncheon meeting optional)
Residents & Students:
No charge for full-day sessions (lunch is $10 each day)
Luncheon: $10 for All Registrants.
Checks payable to: Michigan State Medical Society

Thursday, March 22, 1990

☐ Full-Day Session
($45 not including lunch) $ ________

Choose one topic for morning concurrent session:
☐ A: Obstetrics ☐ B: Pediatrics

☐ Luncheon Meeting Optional ($10) $ ________
(indicate 1st and 2nd choices):

___ Low Birth Weight Infants
___ Pregnant Adolescents
___ Cacium Metabolism
___ Nutritional Assessment/Neonate
___ Music/Childbearing Family
___ Post Hermorrhagic Hydrocephalus

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Non-members: look for the complete schedule of events and a registration form in the 12-page insert appearing in the December 1 and February 1 issues of *Annals of Internal Medicine,* or call 1-800-523-1546 (extension 2429). In Pennsylvania and outside the U.S., call 215-351-2429.

Pre-registration deadline: March 19, 1990.

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Michigan Obstetricians/Gynecologists

Encounter Much Joy, Despite Liability Woes

By Judy Marr, Editor

The following is the first in a series of articles on medical specialty societies in Michigan. The subject of the next article - to appear in the April issue - will be family practitioners.

Michigan obstetricians/gynecologists, though beleaguered, still have much good to say about their discipline.

"It's one of the most enjoyable specialties there is in medicine," says James W. Gell, MD, Mt Clemens.

The chairman of the Michigan Section, American College of Obstetricians/Gynecologists, explains: "We tend to deal in happy outcomes."

"There's a great deal of joy that comes with the practice of obstetrics, along with the grief we're seeing now," says Doctor Gell.

The "grief" he's referring to is the professional liability situation. It's depriving patients of appropriate care, says Doctor Gell.

Michigan Section members number close to 1,000, with slightly more than half practicing obstetrics. "We know without having solid figures that more are quitting ob," says Doctor Gell. Nationwide there is a steady decline of physicians practicing obstetrics, he notes. The average age at which ob/gyns retire has dropped by four years since 1984. "We certainly are seeing a flight from our state of obstetrical residents completing training."

Section Chairman-elect Federico Mariona, MD, has more figures.

Doctor Mariona reports that 56 percent of the 1987 graduating class, the last year for which he has figures, chose to practice in other states.

"Even the Michiganders were going out of state because of the liability environment."

The two major liability problems, says Doctor Gell, are the high cost of coverage and the low limits available.

Michigan obstetricians/gynecologists pay as much as $75,000 for $100,000-$300,000 coverage. "Many of the new graduates probably could not afford to open practice, especially in the areas where their exposure is the greatest," says Doctor Mariona.

To try to ameliorate the problems, the Michigan Section is working with MSMS on its reform initiatives. ACOG is working at the federal level.

"The whole college is concerned with quality assurance/risk management activities," says Doctor Gell.

One of the major Section activities is education.

In the fall, the Section cosponsors courses at the MSMS Annual Scientific Meeting. This year's offering was entitled "Primary Care for Women," and was directed by Charles C. Vincent, MD, Detroit, MSMS Board member and immediate past president of the Wayne County Medical Society.

The Section co-sponsors an annual December lecture at Wayne State University in memory of William Kamperman, MD, former WSU faculty member. It holds its annual "Snow Meeting" in Gaylord in mid-winter, inviting speakers from throughout the country. Michigan State University holds an annual obstetrics/gynecology scientific day in February cosponsored by the Section. It participates in the Michigan Conference on Maternal and Perinatal Health every March (see pp. 14-19 for this year's program). And each spring the section presents its Junior Fellows/Resident Scientific Paper Day.

And though beleaguered, the specialty is one of the most active on behalf of patients and practitioners.

Members represent the Section on several Michigan Department of Public Health committees, including the Breast Cancer Task Force, the AIDS Provider Education Program, the Sex Education Guidelines committee, the Task Force on Cervical Cytology and the Michigan Cancer Consortium.

Members of the Section attend the annual ACOG legislative workshop in Washington. They meet with their home state lawmakers, Senate and House leaders, and governmental health care agencies' staff.

The Section is represented on the C-Section project of the Greater Detroit-Area Health Council and has a representative on the Network for Underserved Women's Issues. The Section also coordinates statewide maternal mortality studies through MSMS and the MDPH.

Another major Section concern is mandated testing of pregnant women for HIV positivity.

"We are concerned when the only mandated testing done is on pregnant women and prison inmates, and not on substance abuse patients and those treated in sexually transmitted disease clinics," says Doctor Gell.

"We are concerned that this is a very low risk group, and that there is a high error rate in testing of low-risk populations."

"The cost of testing (in the low-risk population of pregnant women) is $90,000 per case found," he says. "That ought to make people think."

Doctor Gell allows that "there is a lot on the plate" where the Michigan Section is concerned.

Doctor Mariona sees more to be done. He predicts involvement of the Section "in educating providers and consumers to try to optimize the care of women, with what appears will be limited resources.

"We need to make the public understand that there is no such thing as infallibility. It also is important that the specialty participate in policing ourselves, and educating ourselves to speak honestly and openly to patients."

Doctor Mariona says the Section must work hard to make access to care really available, "especially to those who, for one reason or another, do not have appropriate access."

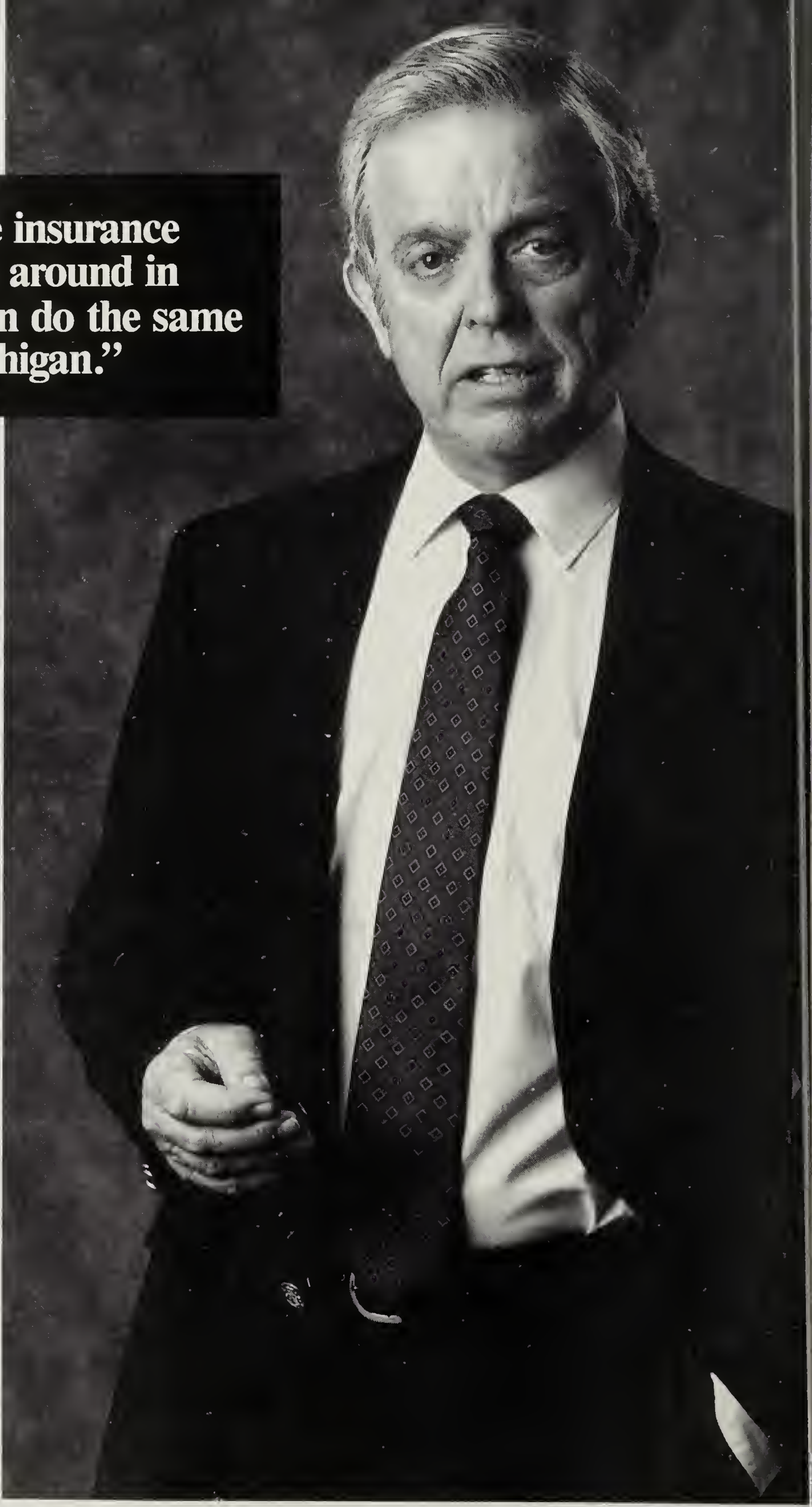
He praises Michigan's uniqueness for declaring access to prenatal care as a right. "It's our duty," he says, "to see that we never let go of that piece of the pie."

The Section will support every institution willing to work to reduce drug addiction, woman-battering, child abuse, he says.

How will they handle the challenges?

"By reiterating our goals, day after day, with anyone willing to provide support."

We're "working for the next century, the next generation," says Doctor Mariona. "We're almost there," he continues, "but we're far from accomplishing many of our goals. And what is at stake is our country itself." ■



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MSMS
Annual Scientific Meeting Highlights

The three-day MSMS Annual Scientific Meeting takes much planning and coordination. The 1989 event at the Hyatt Regency Dearborn was chaired by Joan C. Stryker, MD, and her Annual Scientific Meeting Planning Committee. Doctor Stryker (above left) greets Beny J. Primm, MD, executive director, Addiction Research and Treatment Corporation, Urban Resource Institute, who gave the "Early Bird" Plenary Session on "Drug Abuse: A Threat to the Nation's Health."

REGISTRATION
PEDIA
PROF

The 1989 MSMS Annual Scientific Meeting drew approximately 1,000 Michigan physicians to Dearborn Nov. 7-9 for three days of Category I CME courses. At the MSMS registration desk, MSMS staff members provided physicians with course and luncheon tickets, and answered questions.

A clinical poster entered by three physicians from the Michigan State University College of Human Medicine earned the "first prize" at the Annual Scientific Meeting. Rebecca Beyth, MD, (second from right), one of the three creators of the poster, took a moment to pose with the three judges. They are (left to right): David R. Rovner, MD, Henry Swain, MD, and Joan C. Stryker, MD, meeting chairman.

Twenty clinical posters were displayed during the first two days of the MSMS Annual Scientific Meeting. Authors were available to discuss their posters during refreshment and luncheon breaks both days.

Beny J. Primm, MD, executive director, Addiction Research and Treatment Corporation, Urban Resource Institute, New York, NY, provided a one hour national perspective on drug abuse at the "early bird" plenary session Wednesday morning. About 150 physicians gathered to hear Doctor Primm's 7 a.m. presentation.

Physicians filled a room at the Hyatt Regency Dearborn to hear a panel discussion on "Sexuality and Sexual Problems." Panel members included: Sander J. Breiner, MD, course director, James H. Graves, MD, Alvin B. Michaels, MD, Keith Lepard, MD, and Gerald A. Shiener, MD.

Above: Approximately 70 exhibitors featured their products and informational brochures at the Annual Scientific Meeting. Exhibitors were on hand throughout the three-day event to speak with attendees and to answer questions.

Above: MSMS President Robert E. Paxton, MD, kept a busy schedule at the 1989 MSMS Annual Scientific Meeting. Among his many engagements was a presentation before members of the MSMS Committee on Concerns of Women Physicians.

Left: Anthony Meholic, a basic cardiac life support instructor, St. Lawrence Hospital, Lansing, shows physicians how to examine an unconscious victim as part of the ever-popular course on "Basic Cardiac Life Support."

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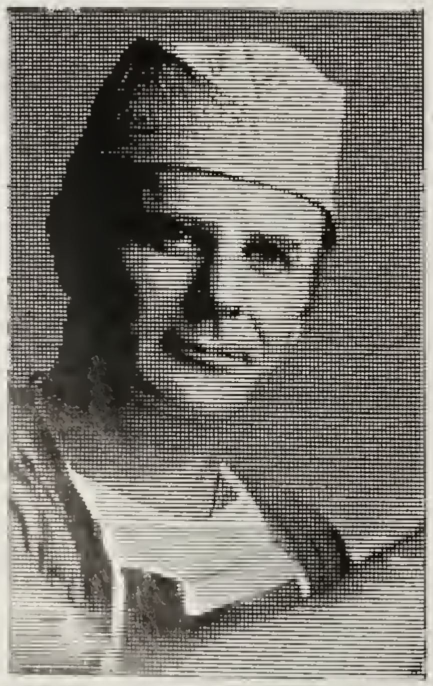

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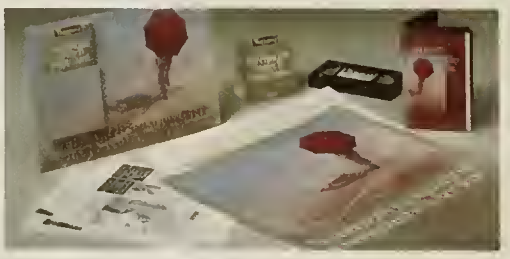

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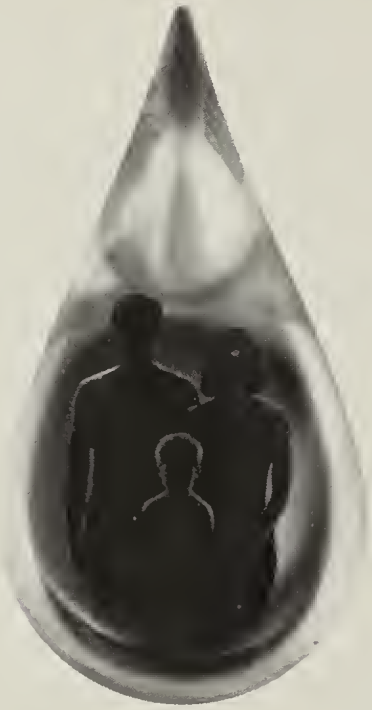

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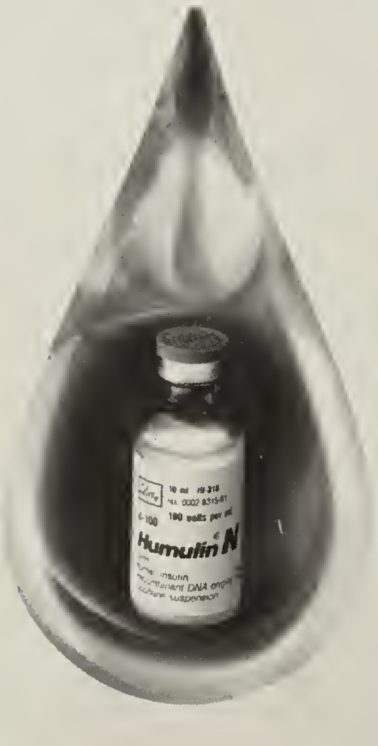

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BCBSM

Proposed Changes Will Affect Physicians

By Robert T. Ortwein

Since Blue Cross Blue Shield of Michigan (BCBSM) made top management changes in the fall of 1987, several activities have occurred which will affect physicians. A brief summary of the activities follows.

Spring 1988 – BCBSM hired Lewin and Associates, a Washington, DC-based consultant firm, to recommend cost management changes for BCBSM. The firm's recommendations were submitted in two phases.

Fall 1988 – Lewin completed its first phase with nine recommendations. The first six recommendations directly involve provider relationships. MSMS has reacted to the six provider recommendations on an "input and advise" basis only. MSMS did not attempt to negotiate, as MSMS is precluded by law from doing so. The nine recommendations made by Lewin and Associates address the following areas:

1) Physician Participating Agreement
2) Physician Retrospective Profiling (Utilization Review)
3) Psychiatric/Substance Abuse Cost Management
4) Ambulatory Care Strategy
5) PPO Program Strategy
6) Hospital Contracting
7) Product Policy Development
8) Regulatory Issues Clarification
9) Related Organizational and Management System Issues

Spring-Fall 1989 – Lewin and Associates advised BCBSM to proceed with phase two. This constituted the implementation of the nine recommendations. The first provider recommendations to be implemented were presented to the Physicians Advisory Council, which was created by BCBSM to make suggestions during BCBSM internal development of the six recommendations. Again, it is important to note that MSMS, throughout the developmental design process, only was able to express its views, advise, comment or make suggestions. MSMS may not direct, demand or negotiate with respect to BCBSM business, in order to conform with Federal Trade Commission regulations.

The Physicians Advisory Council had its first meeting in May 1989. The Council consists of three medical doctors, three osteopathic doctors, MSMS staff, MAOPS staff and BCBSM staff. MSMS representatives include Susan H. Adelman, MD, MSMS president-elect and chairman of the MSMS Liaison Committee with BCBSM; Billy Ben Baumann, MD, MSMS Board member; Gilbert Bluhm, MD, chairman, MSMS Medical Economics Advisory Committee; and Robert T. Ortwein, manager, MSMS Department of Medical Economics and Health Care Delivery.

The activities of the Physicians Advisory Council have been as follows:

1) Eight Council meetings were held between May 10 and October 11. These meetings were followed by meetings of the MSMS/BCBSM Liaison Committee, reports published in *Michigan Medicine* and *Medigram*, and made to the MSMS Board.

2) Recommendations which have been discussed have concentrated on the Physician's Retrospective Profiling project and the Physician's Participating Agreement. Short reviews of the Psychiatric and Substance Abuse Strategy also have been presented.

3) MSMS has reviewed and recommended refinements in the Physician Retrospective Profiling project and the Psychiatric and Substance Abuse Strategy development project. The proposed new Physicians Participation Agreement has been the subject of more intensive discussions.

The Council believes that MSMS suggestions will make future BCBSM policy under the above items much more palatable and reasonable for physicians throughout Michigan. For example, the Physician Retrospective Profiling (utilization review) project was modified from its original form to include the following:

a) A series of prior notices to physicians regarding the content and starting date of PRP through the BCBSM official publication, *The Record.*

b) Examples of acceptable responses to PRP queries to be furnished to physicians.

c) A PRP emphasis on education and information to be used for practice management. The Council has requested an adequate procedure to respond to BCBSM letters prior to a physician being moved into sequential levels.

d) BCBSM agreement to furnish examples of Corrective Action Plans to physicians, so they may adequately answer BCBSM's most urgent concerns.

BCBSM also has accepted the suggestion to develop a flow- chart of intervention levels in the BCBSM Psychiatric and Substance Abuse strategy development. Physicians advised BCBSM to use a severity index in reviewing admissions and to be sensitive to demographic considerations such as age and ability to pay.

Examples of the recommendations that the Council has made for BSBSM consideration in the new contract include:

1) Peer review with respect to medical necessity.

2) Confidentiality protection for the physician's identity and individual data.

3) Participation incentives confined to enhancements in supporting bureaucratic procedures.

4) The audit and appeals procedure provisions to be improved, made public, and to rely on arbitration where possible, through Public Act 350.

5) Removal of a requirement that the physician be personally present at all times when delegation of services is made.

6) Correspondence of BCBSM responsibilities to physicians paralleling physician responsibilities to BCBSM for a mutually satisfying contract.

7) The termination provision to include "with notice" language and to be parallel for physicians and BCBSM.

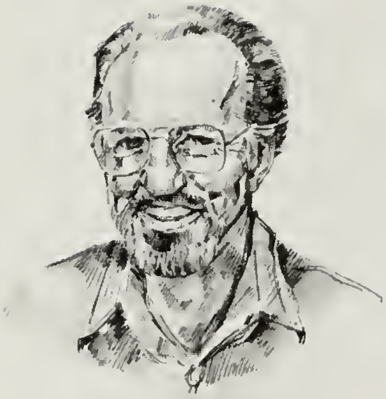
8) Incentives for increased participation rates in certain geographic areas.

The Physicians Advisory Council meetings are expected to continue throughout the early months of 1990.

Whether or not BCBSM incorporates MSMSs suggestions through the Council is legally the sole decision of BCBSM. We will continue to advise BCBSM to adopt policies which will create better provider relationships. MSMS will continue to strongly encourage that BCBSM ensure its new policies enable providers to perform patient care with fewer bureaucratic procedures and in conformance with medically accepted standards set by the practicing medical profession. ■

Robert Ortwein is manager, MSMS Department of Medical Economics and Health Care Delivery.

Austin E. Lamberts, MD,



Reflects on His Deep Affection for the People of Cambodia

"These are people who need our help," he says

By Marcia A. Lamberts

Austin E. Lamberts, MD, a retired Grand Rapids neurosurgeon, slowly makes his way among the mats and bamboo frames on his daily rounds of a refugee camp hospital. More than 150 men, women and children crowd the 50-bed bamboo structure. Yet it's strangely quiet as the sound of voices rises to disappear through the high thatched roof. The air is hot and sticky in anticipation of the summer monsoon rains. A scrawny dog meanders down one aisle, and nearby, a hen and ten chicks forage contentedly in the dirt beneath their owner's bed. As Doctor Lamberts approaches the bed of an acutely ill 18-year-old girl, she smiles in recognition, and tries desperately to give the Khmer Rouge greeting – two hands in front of her face, palms together.

For those accustomed to well-staffed, fully-equipped medical facilities, the conditions at Site 8 – one of several Khmer Rouge camps along the Thai/Cambodian border – may seem foreign and pitifully inadequate. For many in the camp, however, and for countless others throughout the world, the assistance provided by volunteer physicians such as Doctor Lamberts is the only reasonable medical care they have ever received.

A native of Fremont, Michigan, Doctor Lamberts graduated from Calvin College, Grand Rapids, and from the University of Michigan Medical School. After serving as

a flight surgeon in the Army Air Corps during World War II, Doctor Lamberts finished his residency in Ann Arbor. In 1950, he entered private neurosurgical practice in Grand Rapids. Eighteen years later, at the height of his career, Doctor Lamberts slipped on icy pavement and broke his right hand. Unable to continue his surgical practice, he chose to follow a lifelong dream, and, returning to school, earned a PhD in marine zoology from the University of Hawaii. During the ensuing years of reef coral research, Doctor Lamberts retained his medical license as well as membership in various medical organizations: American Medical Association, Michigan State Medical Society, American Association of Neurosurgeons and the Congress of Neurosurgeons.

Now retired and based permanently in Grand Rapids, Doctor Lamberts spends much of his time overseas donating his time and medical expertise to those for whom such care is not readily available. In the last nine years, Doctor Lamberts has served as a volunteer physician in Nigeria, Rwanda, Cameroon, Ethiopia, Honduras and Ecuador, under the auspices of World Medical Missions, American Leprosy Missions and the Christian Medical Society. Most of Doctor Lambert's time and affection, however, have been devoted to the people of Kampuchea (Cambodia). "They are gentle people," he says warmly, "always friendly and energetic."

Thirty-five thousand Cambodians – mostly women and children – occupy the camp, an area roughly one square mile in size. There is no electricity. Water is in high demand, and the limited supplies are available only through the United Nations. Security is tight. No visitors. No correspondents. The international complement of medical staff is allowed into the camp only at the sufferance of the Khmer Rouge commanders.

Usually there are two physicians attending the camp. Occasionally there are three or four. Sometimes there is only one. Most of the medical work performed is dispensary; in a routine day, over 250 outpatients might be treated for asthma, rashes, allergies, pneumonia – illnesses not unlike those seen in the United States. But it is the typhoid and rampant malaria, the gunshot and shrapnel wounds that drive home the fact that this is Southeast Asia, a culture far different than our own, an area ravaged for years by war.

The incoming wounded and hundreds of amputees in the camp are not the only reminders of war. Vietnamese guns placed atop the high cliffs of nearby mountains are trained on the camp at all times. "A lot of times we have heard gunfire," recalls Doctor Lamberts. "Sometimes it was distant; sometimes it was within a couple of kilometers...The camp itself was shelled from time to time."

When asked if he has ever been afraid, Doctor Lamberts replies after a long pause, "Of course, when you hear bombs landing not far from you, you wonder if they're going to hit...but no, I really wasn't afraid. As a matter of fact, I was pretty sure the Vietnamese knew who I was and wouldn't shoot me."

Given the Khmer Rouge's international reputation as fierce guerrilla fighters, Doctor Lamberts has found that providing care to Site 8 is a sensitive issue. "Most people of Site 8 are dependents of the Khmer Rouge, displaced into Thailand," he explains thoughtfully. "Many are termed Khmers, but they actually are Cambodian citizens caught in the sweep out of the country while escaping the Vietnamese invasion of 1979." He adds that the medical staff caring for Site 8 "are not political and ask no questions. These are people who need help," and, as acting employees of the United Nations Border Relief Organization (UNBRO), "our duty is to the sick."

Doctor Lamberts reflects that his medical work in other countries has fulfilled another dream. "I've always been interested in volunteer work overseas. I was waiting for a chance to go." He acknowledges that not only has he been able to provide medical assistance to those who might not otherwise receive it, but each experience satisfies what he calls his voracious "adventurer's spirit."

Does he have any plans to revisit Site 8 in the near future? Answering somewhat cautiously, Doctor Lamberts says, "I'm always hopeful to go, but have no definite plans at this time." Odds are favorable, however, that if an emergency call is placed requesting a physician at Site 8, the opportunity would prove too tempting to resist, and, within a week or two, Doctor Lamberts would be on another plane bound for Thailand. ■

Marcia Lamberts is an East Lansing-based freelance writer.

Editor's note: This article is the first in a series of articles on physician volunteers. Physicians who have volunteered their services abroad or here in Michigan are invited to submit articles about their experiences for publication in Michigan Medicine.

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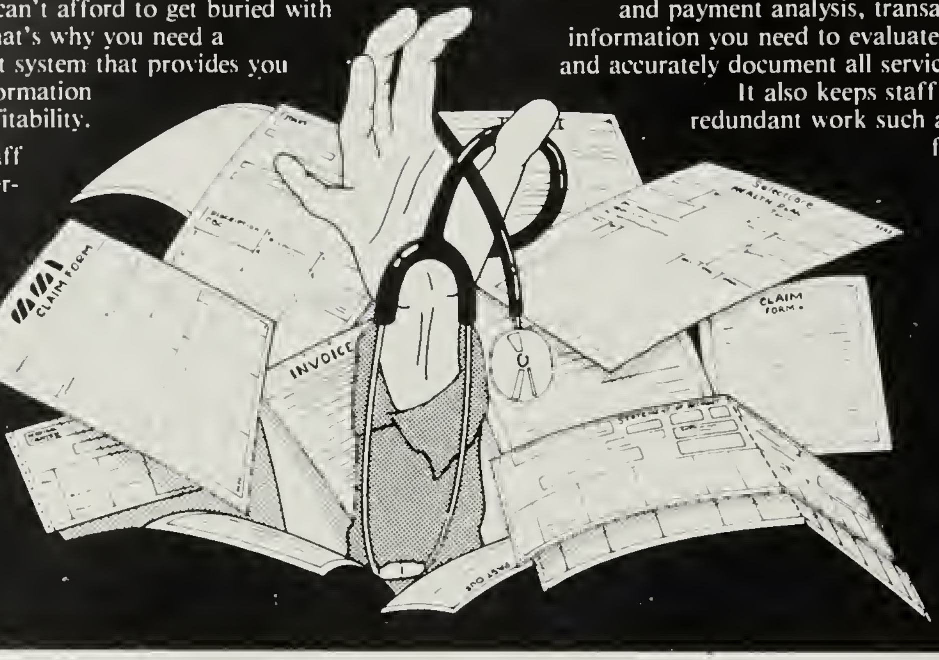

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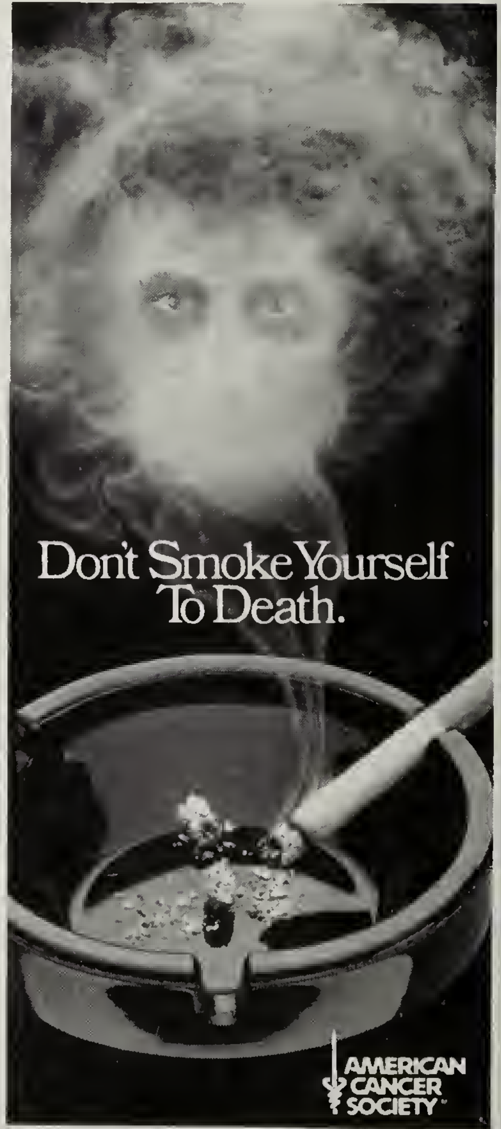
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MSMS Section for Graduates of Foreign Medical Schools

Seminar Highlights

Special guest at the seminar was John E. Kasper, director, AMA Department of Foreign Medical Graduates, center. He met with Krishna Sawhney, MD, left, and Busharat Ahmad, MD, vice chairman and chairman, respectively, of the MSMS Section.

Better communications with patients and the public were the topic when the MSMS Section for Graduates of Foreign Medical Schools held a seminar recently. Approximately 30 persons attended the Lansing session.

Speaker Kathleen Dropp stressed that communications are essential to the physician/patient relationship, and the key lies in recognizing patients' perceptions. Dropp is with the Stratton-Cheeseman Management Co., Southfield.

The sessions, which also included tips on speaking clearer American English, stimulated discussion. Questioning Dropp on her philosophy from left were Harvey Gass, MD, Birmingham; Byung S. Lee, MD, Mt. Clemens; Ved V. Gossain, MD, East Lansing; and Gertraud Wollschlaeger, MD, Birmingham.

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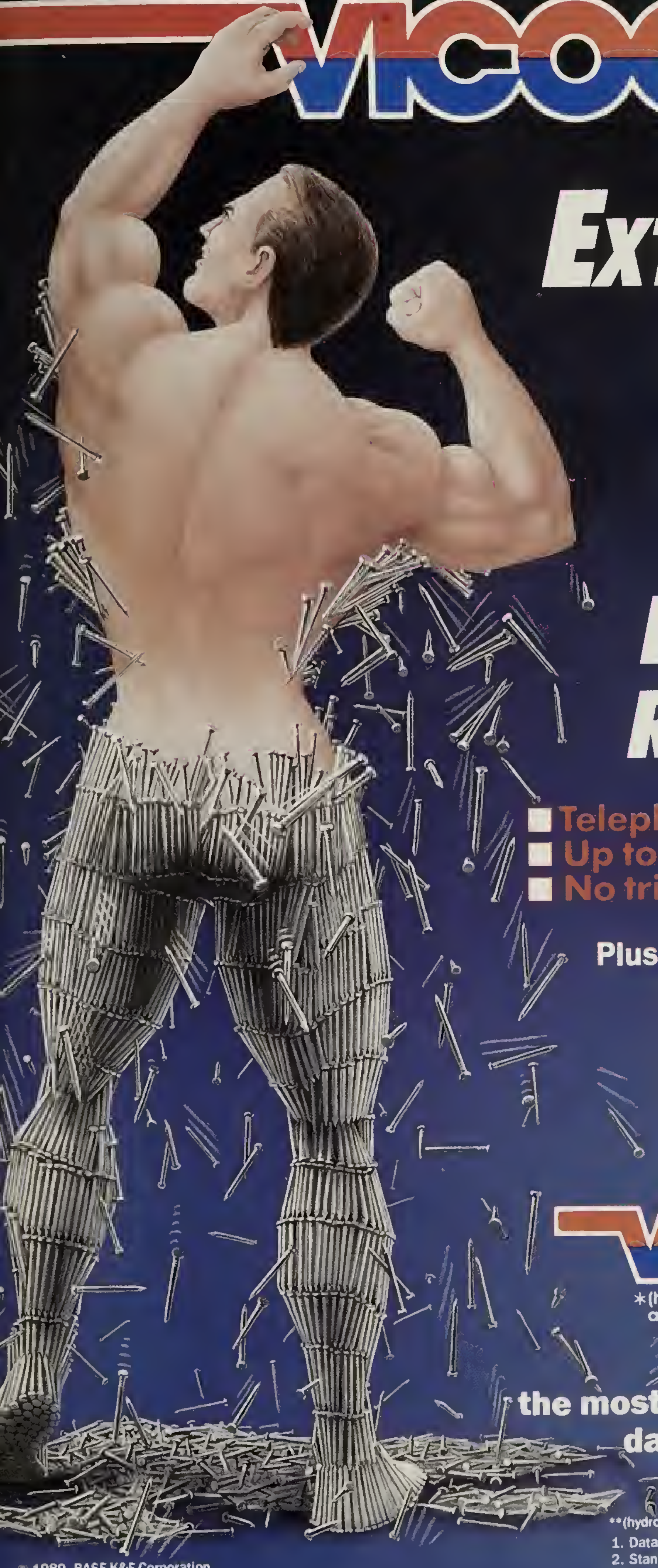

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Please see adjacent page for brief summary of prescribing information.

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CONTRAINDICATIONS: Hypersensitivity to acetaminophen or hydrocodone.
WARNINGS:
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Acute Abdominal Conditions: The administration of narcotics may obscure the diagnosis or clinical course of patients with acute abdominal conditions.
PRECAUTIONS:
Special Risk Patients: VICODIN/VICODIN ES Tablets should be used with caution in elderly or debilitated patients and those with severe impairment of hepatic or renal function, hypothyroidism, Addison's disease, prostatic hypertrophy or urethral stricture.
Cough Reflex: Hydrocodone suppresses the cough reflex; as with all narcotics, caution should be exercised when VICODIN/VICODIN ES Tablets are used postoperatively and in patients with pulmonary disease.
Drug Interactions: Patients receiving other narcotic analgesics, antipsychotics, antianxiety agents, or other CNS depressants (including alcohol) concomitantly with VICODIN/VICODIN ES Tablets may exhibit an additive CNS depression. The use of MAO inhibitors or tricyclic antidepressants with hydrocodone preparations may increase the effect of either the antidepressant or hydrocodone. The concurrent use of anticholinergics with hydrocodone may produce paralytic ileus.
Usage in Pregnancy:
Teratogenic Effects: Pregnancy Category C. Hydrocodone has been shown to be teratogenic in hamsters when given in doses 700 times the human dose. There are no adequate and well-controlled studies in pregnant women. VICODIN/ VICODIN ES Tablets should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.
Nonteratogenic effects: Babies born to mothers who have been taking opioids regularly prior to delivery will be physically dependent. The withdrawal signs include irritability and excessive crying, tremors, hyperactive reflexes, increased respiratory rate, increased stools, sneezing, yawning, vomiting, and fever.
Labor and Delivery: Administration of VICODIN/VICODIN ES Tablets to the mother shortly before delivery may result in some degree of respiratory depression in the newborn, especially if higher doses are used.
Nursing Mothers: It is not known whether this drug is excreted in human milk. Because many drugs are excreted in human milk and because of the potential for serious adverse reactions in nursing infants from VICODIN/VICODIN ES Tablets, a decision should be made whether to discontinue nursing or to discontinue the drug, taking into account the importance of the drug to the mother.
Pediatric Use: Safety and effectiveness in children have not been established.
ADVERSE REACTIONS:
The most frequently observed adverse reactions include light-headedness, dizziness, sedation, nausea and vomiting. These effects seem to be more prominent in ambulatory than in nonambulatory patients and some of these adverse reactions may be alleviated if the patient lies down. Other adverse reactions include:
Central Nervous System: Drowsiness, mental clouding, lethargy, impairment of mental and physical performance, anxiety, fear, dysphoria, psychic dependence and mood changes.
Gastrointestinal System: The antiemetic phenothiazines are useful in suppressing the nausea and vomiting which may occur (see above); however, some phenothiazine derivatives seem to be antianalgesic and to increase the amount of narcotic required to produce pain relief, while other phenothiazines reduce the amount of narcotic required to produce a given level of analgesia. Prolonged administration of VICODIN/VICODIN ES Tablets may produce constipation.
Genitourinary System: Ureteral spasm, spasm of vesical sphincters and urinary retention have been reported.
Respiratory Depression: Hydrocodone bitartrate may produce dose-related respiratory depression by acting directly on the brain stem respiratory center. Hydrocodone also affects the center that controls respiratory rhythm, and may produce irregular and periodic breathing. If significant respiratory depression occurs, it may be antagonized by the use of naloxone hydrochloride. Apply other supportive measures when indicated.
DRUG ABUSE AND DEPENDENCE:
VICODIN/VICODIN ES Tablets are subject to the Federal Controlled Substance Act (Schedule III). Psychic dependence, physical dependence, and tolerance may develop upon repeated administration of narcotics; therefore, VICODIN/ VICODIN ES Tablets should be prescribed and administered with caution.
OVERDOSAGE:
Acetaminophen Signs and Symptoms: In acute acetaminophen overdosage, dose-dependent, potentially fatal hepatic necrosis is the most serious adverse effect. Renal tubular necrosis, hypoglycemic coma, and thrombocytopenia may also occur. Early symptoms following a potentially hepatotoxic overdose may include: nausea, vomiting, diaphoresis and general malaise. Clinical and laboratory evidence of hepatic toxicity may not be apparent until 48 to 72 hours post-ingestion.
Hydrocodone Signs and Symptoms: Serious overdose with hydrocodone is characterized by respiratory depression (a decrease in respiratory rate and/or tidal volume, Cheyne-Stokes respiration, (cyanosis), extreme somnolence progressing to stupor or coma, skeletal muscle flaccidity, cold and clammy skin, and sometimes bradycardia and hypotension. In severe overdosage, apnea, circulatory collapse, cardiac arrest and death may occur

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AMA Reports Available From MSMS

The following reports were considered at the AMA Interim Meeting in Honolulu, Hawaii, December 3-6, 1989. Copies are available by contacting Sherry Wellman, MSMS Department of Communications and Professional Relations, P. O. Box 950, East Lansing, MI 48826-0950, (517) 337-1351.

Board of Trustees

Report A — Hospital Medical Director: Community Hospital Survey Results

Report B — "Guidelines for the Categorization of Hospital Emergency Capabilities"

Report C — The Resource-Based Relative Value Scale Study: Status of Phase II

Report E — Regulation of Tissue Banking (Resolution 119, I-88)

Report G — Insufficient Testing of Pharmaceutical Agents in Children (Substitute Resolution 17, I-88)

Report R — Medicare Geographic Payment Variations

Report S — Federal Medical Liability Reform

Report Y — Drug Abuse in the United States: The Next Generation

Report Z — Constitutional Challenge to MAACs as an Interference with the Right to Contract (Resolution 196, A-89)

Report EE — Practice Parameters

Council on Long Range Planning and Development

Report D — Physician and Public Attitudes on Medicine as a Career

Council on Medical Education

Report D — Training Physicians for the 21st Century (Resolution 24, I-88)

Report F — Resident Work Hours

Council on Medical Service

Report B — Financing of Care for AIDS Patients

Report E — Health Insurance for Early Retirees

Report G — Relief from Third Party Payors Requiring Confidential Patient Information over the Telephone (Resolution 66, A-89)

Report I — Hospital Cost-Shifting: Interim Report

Report J — Administrative Costs of Health Care

Council on Scientific Affairs

Report A — Medical and Nonmedical Uses of Anabolic-Androgenic Steroids

Council on Long Range Planning and Development and Council on Medical Education (Joint Report)

— The Future of Graduate Medical Education

Council on Scientific Affairs and Council on Ethical and Judicial Affairs (Joint Report)

— Scientific Fraud and Misrepresentation

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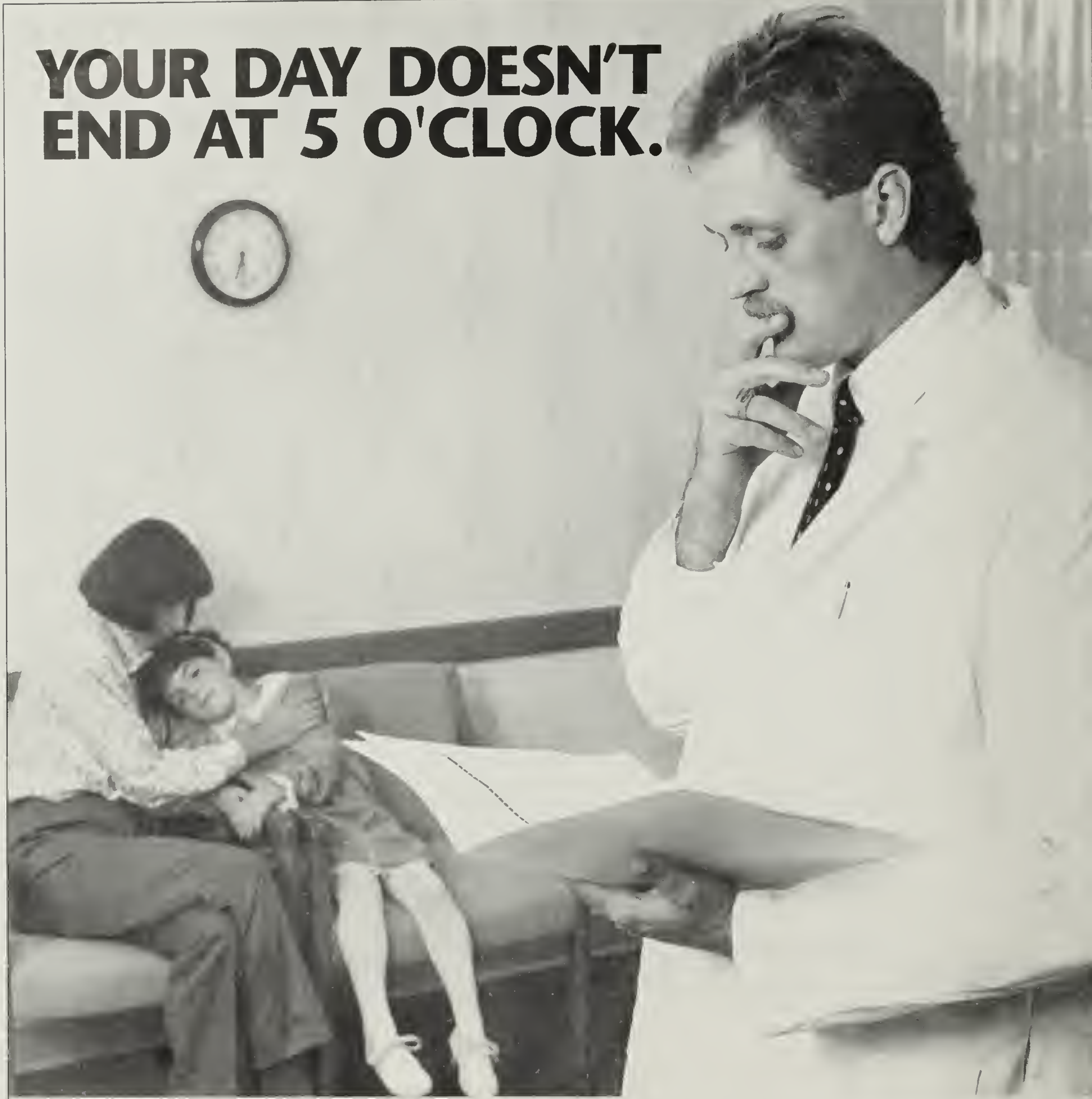
Senator Jackie Vaughn, III, (D-Detroit), left, was one of several legislators who made a special effort to visit with "Doctor of the Day" Charles C. Vincent, MD, a Detroit obstetrician/gynecologist, in Lansing October 25. As "Doctor of the Day," Doctor Vincent had the opportunity to attend committee hearings and observe the House and Senate in session. Physicians interested in participating in the "Doctor of the Day" program should contact Tom Wolff at MSMS headquarters.■



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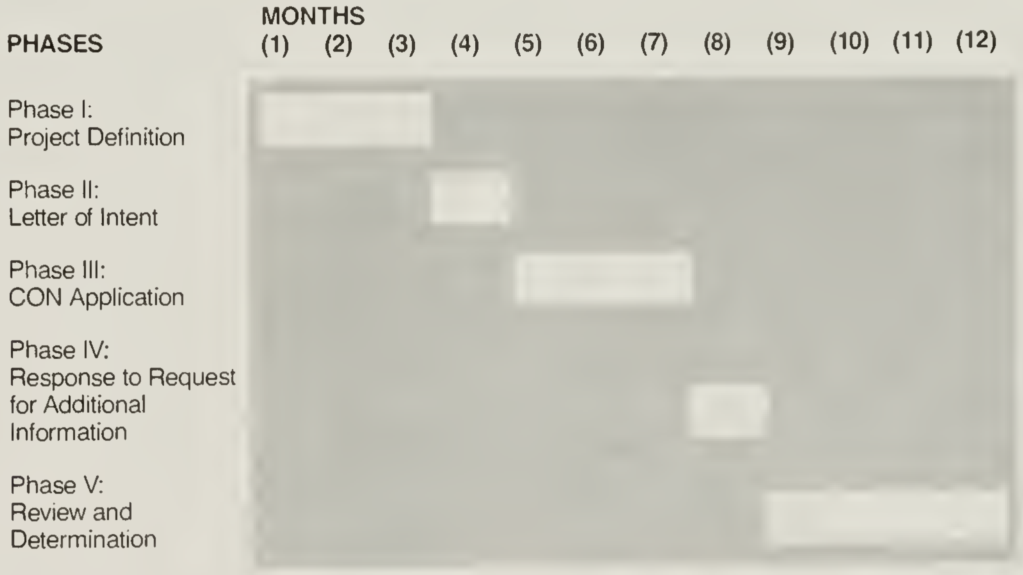
Effective Strategies for Obtaining Certificate of Need Approval

By Mary E. Procknow

Due to the Certificate of Need Reform Act of 1988, physicians increasingly are required to obtain a Certificate of Need (CON) before acquiring equipment or building new facilities. Examples of projects requiring CON approval include establishing an ambulatory surgery center or acquiring specialized radiation therapy, computerized tomography, or magnetic resonance equipment. Although this process may serve to limit physician opportunities, it need not be an impenetrable constraint. A basic understanding of the Michigan Department of Public Health CON procedures, time table and information requirements can provide for a clear path through the bureaucratic process.

TABLE I
Certificate of Need Process



As shown in Table 1, the CON process has five phases: (1) Project definition; (2) Letter of intent; (3) CON preparation; (4) Response to request for additional information; and (5) Review and determination. Typically, these five phases span a period of 12 months and require information from numerous sources including equipment vendors, developers, architects, clinicians, medical records personnel and accountants. There are professionals specializing in CON preparation who will guide the physician through the process, gather and analyze the data, and develop the most convincing proposal possible.

Project definition

The first step in the Certificate of Need process is to define the project. Numerous questions must be answered:

- What is the legal entity responsible for project ownership?
- Where will the project be located?
- What is the capital cost?
- If a building or equipment is involved, will it be purchased or leased?
- Will the building require expansion or remodeling?
- What are the number and type of personnel to be added as a result of this project?

Letter of intent

The letter of intent is a four-page form which requests basic information regarding the proposed project. Information contained within the letter of intent should be as unambiguous and explicit as possible. The letter of intent may be filed at any time with the Michigan Department of Public Health, Division of Facility Construction. Upon receipt of an acceptable letter of intent, the appropriate application forms will be forwarded in approximately 15 days.

CON preparation

The purpose of the CON application is to demonstrate the need for the medical service within the applicable community. There are several methods to demonstrate need, including the following prevalent methodologies:

- Projection of future need based on historical utilization levels.
- Application of disease incidence rates to service area population.
- Analysis of market share.
- Development of surveys.

Depending upon the nature of the project, the applicant may be required to respond to a number of publicly mandated planning policies such as quality assurance and minimum utilization requirements. The proposed equipment or service may be required to operate at specified volumes. If the applicant is unable to meet these required volumes, it is advisable to consider downscaling the project (i.e., reducing the number of operating rooms or joint venturing with other physicians) to increase projected utilization.

It is very important to garner community support for the project and to show that current need is not being met. This can be accomplished by obtaining letters of support from other health care providers such as physicians, hospitals and health maintenance organizations. These letters of support should document problems in obtaining access to the health care service in question.

Subsequent to documenting community need and responding to planning policies, the next step is to present operational and financial projections. The applicant must convince the State that the proposed project is the most cost-effective means of meeting the need identified and that there are no less-costly alternatives available. Project scope and cost should be minimized. For example, it is usually more cost-effective to modify existing space than to plan new construction. If new construction is required, it is recommended that square footage and building cost not be excessive. In order to decrease financing cost, it is advantageous to finance a portion of the project internally.

If equipment is to be replaced, it must be fully depreciated according to generally accepted accounting principles. Evi-

Continued on page 46

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Yohimbine exerts a stimulating action on the mood and may increase anxiety. Such actions have not been adequately studied or related to dosage although they appear to require high doses of the drug. Yohimbine has a mild anti-diuretic action, probably via stimulation of hypothalmic centers and release of posterior pituitary hormone.

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Adverse Reactions: Yohimbine readily penetrates the (CNS) and produces a complex pattern of responses in lower doses than required to produce peripheral a-adrenergic blockade. These include, anti-diuresis, a general picture of central excitation including elevation of blood pressure and heart rate, increased motor activity, irritability and tremor. Sweating, nausea and vomiting are common after parenteral administration of the drug.[1,2] Also dizziness, headache, skin flushing reported when used orally.[1,3]

Dosage and Administration: Experimental dosage reported in treatment of erectile impotence.[1,3,4] 1 tablet (5.4 mg) 3 times a day, to adult males taken orally. Occasional side effects reported with this dosage are nausea, dizziness or nervousness. In the event of side effects dosage to be reduced to ½ tablet 3 times a day, followed by gradual increases to 1 tablet 3 times a day. Reported therapy not more than 10 weeks.[3]

How Supplied: Oral tablets of Yocon® 1/12 gr. 5.4 mg in bottles of 100's NDC 53159-001-01 and 1000's NDC 53159-001-10.

References:
1. A. Morales et al., New England Journal of Medicine: 1221. November 12, 1981.
2. Goodman, Gilman — The Pharmacological basis of Therapeutics 6th ed., p. 176-188. McMillan December Rev. 1/85.
3. Weekly Urological Clinical letter, 27:2, July 4, 1983.
4. A. Morales et al., The Journal of Urology 128: 45-47, 1982.

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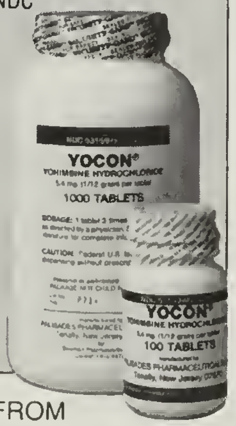

Continued from previous page

dence of costly maintenance problems may help substantiate need. If the replacement equipment is a technological improvement which increases quality and reduces cost, it will certainly enhance the application.

A proforma revenue and expense statement is usually required. The proforma should demonstrate that the project is feasible, given conservative revenues and realistic expenses.

Lastly, the CON application should demonstrate that the physician applicant has the financial strength and management skill to effectively implement the proposed project. A track record of successfully financing and managing similar endeavors may be presented. A letter from a lender stating its willingness to finance the project is helpful. It is also beneficial to include a description of a comprehensive plan for assuring quality of care.

Response to request for additional information

Upon receipt and review of the application, the State may request additional information. The applicant has 15 days to respond to this request. The written response should be as complete as possible.

Review and determination

After the application is deemed complete, the Michigan Department of Public Health staff will review the application. A decision regarding approval or disapproval is generally obtained within four months. In order to obtain approval, the project should respond to an identified community need, meet applicable planning policies, and be financially and operationally feasible.

The process can be long and involved. However, an understanding of the Certificate of Need requirements and careful planning can minimize the time requirements and maximize the probability of receiving CON approval from the State. In addition to obtaining MDPH approval, physicians should view the CON process as a means of developing a comprehensive feasibility study to further define the operation of the proposed service. ■

Mary Procknow, a consultant, specializes in assisting health care providers in planning and obtaining CONs. She has successfully prepared more than 40 applications in diverse areas including magnetic resonance, computerized tomography, ambulatory surgery, radiation therapy, cardiac catheterization and mental health.

DEATHS

Frederick C. Bernhart, MD
Bloomfield Hills

Frederick C. Bernhart, MD, an internist, died October 28 of respiratory failure. He was 40. Doctor Bernhart graduated from the Wayne State University School of Medicine in 1975. He was a staff physician at St. Joseph Mercy Hospital in Bloomfield Hills and at Pontiac General Hospital.

Robert D. Bozell, MD
Grosse Pointe Woods

Robert D. Bozell, MD, a family practitioner, was killed in a hunting accident November 25. He was 37. Doctor Bozell earned his medical degree from Wayne State University School of Medicine in 1978. He served on staff at Bon Secours, where he was the head of the Family Practice Department; Cottage Hospital, and St. Johns Hospital. Doctor Bozell also maintained a family practice office in Roseville. He was a member of the Michigan State Medical Society, the American Medical Society, and an alumni member of Sigma Alpha Epsilon fraternity.

Daniel Burman, MD
Detroit

Daniel Burman, MD, an ophthalmologist, died August 30. He was 79. Doctor Burman was a graduate of Howard University Medical School and certified in both ophthalmology and otolaryngology. He served in the US Army Medical Corps in North Africa during WWII. He had also practiced medicine in Jerusalem, Israel, and New York for over 50 years. In 1974, he joined his son in a private ophthalmologist practice. Doctor Burman was also an author of two published books. He was on staff at the Manhattan Eye and Ear Clinic, the Northwest General Hospital, and the Hadassah Hospital. Doctor Burman was a member of the Wayne County Medical Society, the Michigan State Medical Society, the American Medical Association, the American College of Surgeons, the International College of Surgeons, the American Academy of Ophthalmology, the Michigan Ophthalmological Society, and the Israel Ophthalmological Society.

Robert P. Fosnaugh, MD
Bloomfield Hills

Robert P. Fosnaugh, MD, a facial plastic surgeon and dermatologist, died of a heart attack on November 7. He was 71. Doctor Fosnaugh received his medical degree from the Ohio State University College of Medicine in 1944 and served his dermatology residency at Ford Hospital in Detroit. He acted as an instructor and lecturer at Ford, Detroit General Hospital, and Wayne State University. Doctor Fosnaugh was on staff at Ford, Detroit General, Beaumont, and St. Joseph Mercy hospitals.

Victor A. Notier, MD
Grand Rapids

Victor A. Notier, MD, an internist, died of heart failure on November 8. He was 74. Doctor Notier was on staff at Blodgett, Ferguson, Butterworth and Saint Mary hospitals. His blindness, caused by diabetes eight years ago, prompted him to become active at the Welcome Home for the Blind. Doctor Notier served on the home's board of directors and often volunteered his time to help others there.

Donald F. Percy, MD
Lathrup Village

Donald F. Percy, MD, a general surgeon, died October 27 of a heart attack. He was 70. Doctor Percy received his medical degree from Wayne State University Medical School. He was on staff at Mt. Carmel Mercy Hospital for 35 years and also affiliated with St. Mary Hospital and Highland Park General Hospital. Doctor Percy was a member of the Wayne County Medical Society, the Michigan State Medical Society, the Detroit Surgical Society, the American Medical Association, and the American College of Surgeons.

Slobodan Popovic, MD
Birmingham

Slobodan Popovic, MD, a psychiatrist, died September 25. He was 45. Originally from Yugoslavia, Doctor Popovic served as a physician in the Birmingham area for 16 years. He was a graduate of the Medical Faculty of Rijeka, Yugoslavia, and did his psychiatric residency at Mt. Sinai Hospital.

Henry W. Sill, MD
Jackson

Henry W. Sill, MD, a obstetrician/gynecologist, died October 29. He was 83. Doctor Sill was a graduate of the University of Michigan Medical School in 1930. He was a member of the Jackson County Medical Society, the Michigan State Medical Society, the American Medical Association, the American College of Surgeons, and the American College of Obstetrics and Gynecology.

Richard F. Sterba, MD
Grosse Pointe Park

Richard F. Sterba, MD, a psychoanalyst, died in his home October 24. He was 91. Doctor Sterba was in the first graduating class of the Vienna Psychoanalyst Institute in 1927. Between 1925 and 1989, he published numerous scientific papers and books. Doctor Sterba suffered a stroke in 1988, but continued to conduct seminars until just before his death.

Fulton B. Taylor, MD
Ypsilanti

Fulton B. Taylor, MD, a general surgeon, died November 1. He was 66. Doctor Taylor earned his medical degree from the New York College of Medicine in 1952 and served his residency at Detroit Receiving Hospital. He was a clinical instructor of general surgery at Wayne State University School of Medicine and chief of surgery and staff at Beyer Memorial Hospital. He was also chief of staff at the Saline Hospital. Doctor Taylor was a member of the Detroit Surgical Association, the Washtenaw County Medical Society, the Michigan State Medical Society, and the American College of Surgeons.

Charles R. Thompson, MD
Jacksonville

Charles R. Thompson, MD, a orthopedic surgeon, died recently in a retirement home. He was 95. Doctor Thompson was a 1923 graduate of the Indiana School of Medicine and practiced medicine for 32 years in Indianapolis. He was the chief of surgery with a US military hospital in the European Theater in World War II and also served on the staff of the Indiana University School of Medicine. Doctor Thompson retired from active practice in 1955.

Harry Weisberg, MD
Formerly of Detroit

Harry Weisberg, MD, an obstetrician/gynecologist, died of pneumonia on November 7. He was 85. Doctor Weisberg graduated from the University of Michigan Medical School in 1928. He worked at the former Women's Hospital, now known as Hutzel Hospital in Detroit. He was also involved as member of the Sinai Hospital board of directors.

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AIR FORCE

NEW MEMBERS

Members of the Michigan State Medical Society join in welcoming the following new members into a progressive state medical organization. MSMS is dedicated to promoting the science and art of medicine, the protection of the public health, and the betterment of the medical profession. Each new member is encouraged to join other MSMS members at both local and state levels in achieving these goals.

Anthony L. Alcantara, MD — DR
4201 St. Antoine DRH 36-8
Detroit 48201

Claire Ammoun-Issa, MD — OBG
21225 Kelly Road #2
East Detroit 48121

Wesley A. Beemer, MD — OBG
5333 McAuley Dr. R-2115
Ypsilanti 48197

Dale F. Bergamo, MD — PD
25105 Orchid
Mt. Clemens 48045

Charles O. Canfield, MD — GP
158 Tower Hill Road
Houghton Lake 48629

Jian Chen, MD — GP
2345 Merriman Road
Westland 48185

Richard I. Farb, MD — DR
4201 St. Antoine DRH
Detroit 48201

David P. Fivenson, MD — D
309 Brookside Drive
Ann Arbor 48105

Pamela A. Georgeson, MD — PD/A
6655 Hearthside Court
West Bloomfield 48322

Richard G. Hayes, MD — DR
208 W. Brown Street
Birmingham 48009

Marcia A. Johnson, MD — RHU
29255 Northwestern Hwy. #102
Southfield 48034

Shyam L. Khanna, MD — IM
3737 Beaubien Drive #802
Detroit 48201

Mark S. Khil, MD — R/ON
6345 Silverbrook, West
West Bloomfield 48322

Prabhu Mehta, MD — PD
36115 Grand River #202
Farmington 48024

Erin C. Minks, DO — OBG
32932 Warren
Westland 48185

Edwin M. Monsell, MD — OTO
2799 W. Grand Blvd. K-8
Detroit 48202

Thomas F. Murphy, MD — DR
718 Washington
Grosse Pointe 48230

Crispo G. Rejano, MD — GP
27292 Roney
Trenton 48183

Michael L. Schwartz, MD — R
6767 W. Outer Drive
Detroit 48235

Kurt E. Tech, MD — DR
213 McKinley Road
Grosse Pointe Farms 48236

Howard A. Tischler, MD — R/DR
4201 St. Antoine
Detroit 48201

James M. Tschirhart, MD — GS
1320 N. Michigan
Saginaw 48602

K. William Waterson, Jr., MD — D
32841 Middlebelt Road #411
Farmington Hills 48018

Andrew M. Welch, MD — FP/GE
75 Sheldon Boulevard SE
Grand Rapids 49503

Dana L. Wiley, MD — P
18256 Santa Barbara
Detroit 48221

Ingred N. Wilson, MD — OBG
3180 Fort Street
Lincoln Park 48146

Barbara L. Wiseman, MD — OBG
2591 44th Street SE
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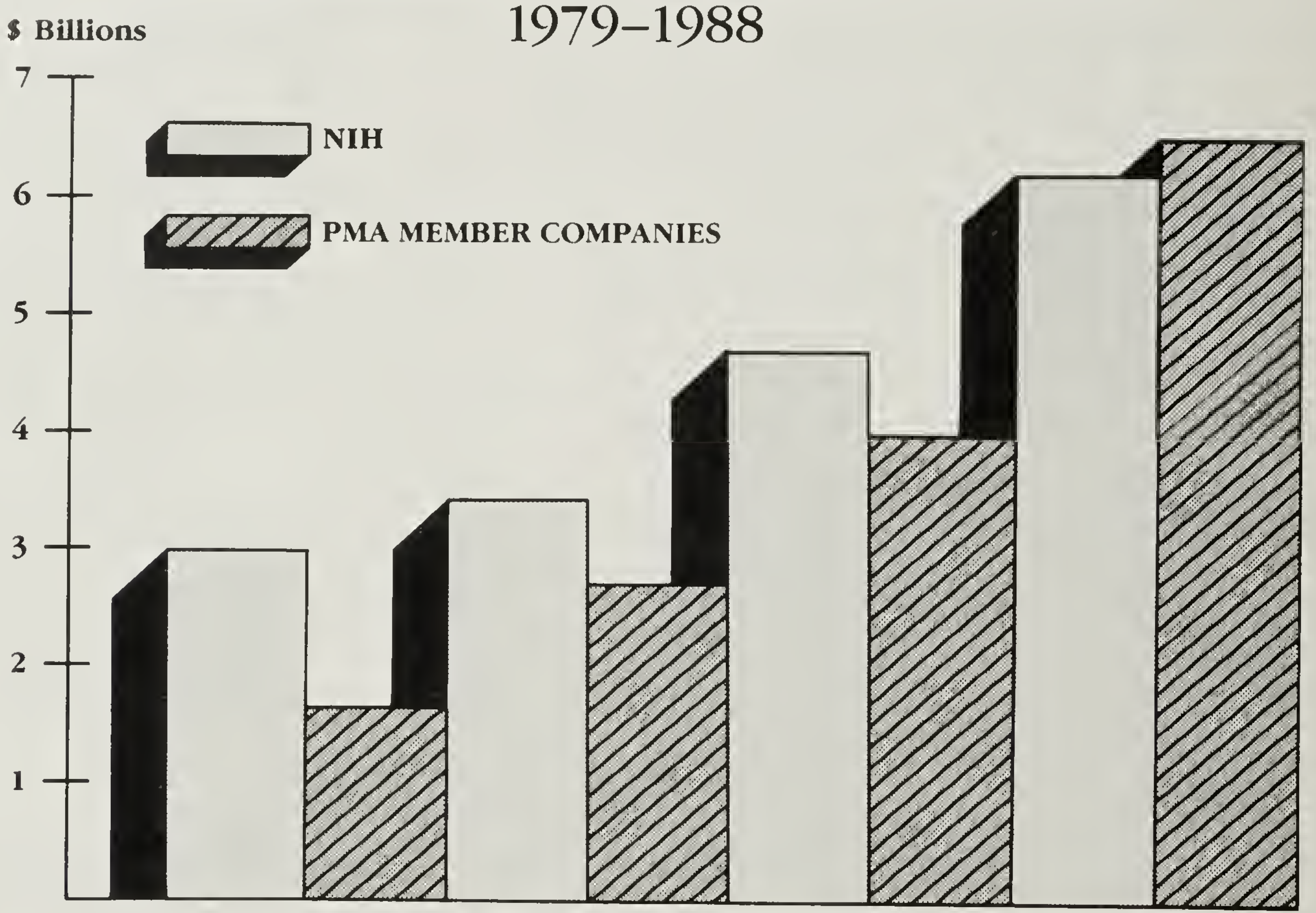

Source: National Institutes of Health and PMA Annual Survey

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CATEGORY I COURSES

Michigan Medicine each month carries a list of opportunities in Michigan for doctors of medicine to obtain Category I credit toward meeting the requirements of Michigan law. Sponsors of Category I programs and courses in Michigan are invited to submit information for the monthly calendar. Each listing below, of programs that carry at least three hours of Category I credit, indicates a contact person so the physician can obtain information. Physicians with questions about accredited programs may phone MSMS headquarters, (517) 337-1351.

January

26, Basic Life Support for Health Professionals. Location: Towsley Center, Ann Arbor, Michigan. **Sponsor:** University of Michigan Medical School. **Contact:** Karen Brown, Office of Continuing Medical Education, Towsley Center-Box 0201, University of Michigan Medical School, Ann Arbor, MI 48109-0201. (313) 763-1400. **Approved for:** 5 hours Category I Credit.

27-28, Advanced Cardiac Life Support Provider Course. Location: Towsley Center, Ann Arbor, Michigan. **Sponsor:** University of Michigan Medical School. **Contact:** Karen Brown, Office of Continuing Medical Education, Towsley Center-Box 0201, University of Michigan Medical School, Ann Arbor, MI 48109-0201. (313)7631400. **Approved for:** 16 hours Category I Credit.

28/2-2, 14th Annual Midwinter Family Practice Update. Location: Boyne Highlands Inn, Harbor Springs, Michigan. **Sponsor:** University of Michigan Medical School, Department of Family Practice. **Contact:** Betty Phillips, Program Assistant, Office of Continuing Medical Education, G-1100 Towsley Center-Box 0201, University of Michigan Medical School, Ann Arbor, MI 48109-0201. (313) 763-1400. **Approved for:** 20 hours Category I Credit.

February

23, Basic Life Support for Health Professionals. Location: Towsley Center, Ann Arbor, Michigan. **Sponsor:** University of Michigan Medical School. **Contact:** Karen Brown, Office of Continuing Medical Education, G-1100 Towsley Center-Box 0201, University of Michigan Medical School, Ann Arbor, MI 48109-0201. (313) 763-1400. **Approved for:** 5 hours Category I Credit.

23-25, Advanced Cardiac Life Support Instructor Course. Location: Towsley Center, Ann Arbor, Michigan. **Sponsor:** University of Michigan Medical School. **Contact:** Karen Brown, Office of Continuing Medical Education, G- 1100 Towsley Center-Box 0201, University of Michigan Medical School, Ann Arbor, MI 48109-0201. (313) 763-1400. **Approved for:** 21 hours Category I Credit.

24, Advanced Cardiac Life Support Recertification Course. Location: Towsley Center, Ann Arbor, Michigan. **Sponsor:** University of Michigan Medical School. **Contact:** Karen Brown, Office of Continuing Medical Education, G- 1100 Towsley Center-Box 0201, University of Continuing Medical School, Ann Arbor, MI 48109-0201. (313) 763-1400. **Approved for:** 7 hours Category I Credit.

March

5-6, Epilepsy Advances. Location: Towsley Center, Ann Arbor, Michigan. **Sponsor:** University of Michigan Medical School. **Contact:** Debbie DeSmyther, Program Assistant, Office of Continuing Medical Education, G-1100 Towsley Center-Box 0201, University of Continuing Medical School, Ann Arbor, MI 48109-0201. (313) 763-1400. **Approved for:** 11 hours Category I Credit.

9-11, The 10th Annual Advances in the Management of Infectious Diseases: Update. Location: South Seas Plantation, Captiva Island, . **Sponsor:** University of Michigan Medical School. **Contact:** Gayle Fox, Program Assistant, Office of Continuing Medical Education, G-1100 Towsley Center- Box 0201, University of Michigan Medical School, Ann Arbor, MI 48109-0201. (313) 763-1400. **Approved for:** 12 hours Category I Credit.

17-24, Facial Cutaneous Surgery: Mohs, Reconstructive, Cosmetic. Location: Copper Mountain Resort, Copper Mountain, CO. **Sponsor:** University of Michigan Medical School. **Contact:** Debra DeSmyther, Program Assistant, Office of Continuing Medical Education, G-1100 Towsley Center - Box 0201, University of Michigan Medical School, Ann Arbor, Michigan 48109-0201. (313) 763-1400. **Approved for:** 30 hours Category I Credit.

20-24, Family Practice - 1990, Fourteenth Annual Spring Review Course. Location: Towsley Center, Ann Arbor, Michigan. **Sponsor:** Univesity of Michigan Medical School. **Contact:** Gayle Fox, Program Assistant, Office of Continuing Medical Education, G-1100 Towsley Center-Box 0201, University of Michigan Medical School, Ann Arbor, Michigan 48109-0201. (313) 763-1400. **Approved for:** 35 hours Category I Credit.

29-30, Challenges and Changes: Obstetrics and Gynecology in the 1990's. Location: Towsley Center, Ann Arbor, Michigan. **Sponsor:** University of Michigan Medical School. **Contact:** Betty Phillips, Program Assistant, Office of Continuing Medical Education, G-1100 Towsley Center-Box 0201, University of Michigan Medical School, Ann Arbor, Michigan 48109-0201. (313) 763-1400. **Approved for:** 15 hours Category I Credit.

April

18-20, Ultrasound In Obstetrics and Gynecology. Location: Towsley Center, Ann Arbor, Michigan. **Sponsor:** University of Michigan Medical School. **Contact:** Gayle Fox, Program Assistant, Office of Continuing Medical Education, G-1100 Towsley Center-Box 0201, University of Michigan Medical School, Ann Arbor, Michigan 48109-0201. (313) 763-1400. **Approved for:** 21 hours Category I Credit.

20, Basic Life Support for Health Professionals. Location: Towsley Center, Ann Arbor, Michigan. **Sponsor:** University of Michigan Medical School. **Contact:** Karen Brown, Office of Continuing Medical Education, G-1100 Towsley Center-Box 0201, University of Michigan Medical School, Ann Arbor, Michigan 48109-0201. (313) 763-1400. **Approved for:** 5 hours Category I Credit.

21-22, Advanced Cardiac Life Support Recertification Course. Location: Towsley Center, Ann Arbor, Michigan. **Sponsor:** University of Michigan Medical School. **Contact:** Karen Brown, Office of Continuing Medical Education, G-1100 Towsley Center-Box 0201, University of Michigan Medical School, Ann Arbor, Michigan 48109-0201. (313) 763-1400. **Approved for:** 16 hours Category I Credit.

May

2-4, Advances in CT and MRI. Location: Towsley Center, Ann Arbor, Michigan. **Sponsors:** University of Michigan Medical School, Department of Radiology. **Contact:** Betty Phillips, Program Assistant, Office of Continuing Medical Education, G-1100 Towsley Center-Box 0201, University of Michigan Medical School, Ann Arbor, Michigan 48109-0201. (313) 763-1400. **Approved for:** 22 hours Category I Credit.

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MEETINGS

MSMS Meetings

January

17, MSMS Board of Directors Meeting, MSMS Headquarters, East Lansing. Contact: William E. Madigan, MSMS Executive Director, (517) 337-1351.

February

7,8, MSMS/PSG, How to Run a More Profitable Practice. 7th – Dearborn Inn, Dearborn, Michigan. 8th – Amway Grand, Grand Rapids, Michigan. Contact: Amy Fistler, (517) 337-1351 Ext. 65.

14, MSMS/PSG, Financial Planning, Hyatt Regency, Dearborn, Michigan. Contact: Amy Fistler, (517) 337-1351 Ext. 65.

15 MSMS/PSG, Stress Management, Somerset Inn, Troy, Michigan. Contact: Amy Fistler, (517) 337-1351 Ext. 65.

21,22 MSMS/PSG, Medical Collections. 21st – Amway Grand, Grand Rapids, Michigan. 22nd – Hyatt Regency, Dearborn, Michigan. Contact: Amy Fistler, (517) 337-1351 Ext. 65.

March

6,7,8 MSMS/PSG, Third Party Reimbursement. 6th – University Club, East Lansing, Michigan. 7th – Bay Valley Inn, Bay City, Michigan. 8th – Grand Traverse, Traverse City, Michigan. Contact: Amy Fistler, (517) 337-1351 Ext. 65.

20,21,22 MSMS/PSG ICD-9-CM Diagnosis Coding. 20th – Amway Grand, Grand Rapids, Michigan. 21st – Fetzer Center, Kalamazoo, Michigan. 22nd – Hyatt Regency, Dearborn, Michigan. Contact: Amy Fistler, (517) 337-1351 Ext. 65.

21-22 Annual Conference on Maternal and Perinatal Health: "Perinatal Care: Access, Answers, Accountability," Hyatt Regency Dearborn, Contact: Sherry L. Fent, chief, Physician Education, (517) 337-1351.

22,23 MSMS/PSG, Supervising and Managing People. Dearborn Inn, Dearborn, Michigan. Contact: Amy Fistler, (517) 337-1351 Ext. 65.

27,28,29 MSMS/PSG. Medicare Series. 27th – To be announced, Marquette. 28th – Bay Valley Inn, Bay City, Michigan. 29th – Holiday Inn, Livonia, Michigan. Contact: Amy Fistler, (517) 337-1351 Ext. 65.

AMA Meetings

February

8-10 Sixth Annual Conference on Clinical Medical Education, Phoenix AZ, Contact: American Medical Association, Dept. of Public Information, 535 North Dearborn St., Chicago, IL 60610. (312) 645- 5000.

24-26 National Leadership Conference, Phoenix, AZ, Contact: American Medical Association, Dept. of Public Information, 535 North Dearborn St., Chicago, IL 60610. (312) 645-5000.

June

24-28 AMA 1990 Annual Meeting, Chicago, IL, Contact: American Medical Association, Dept. of Public Information, 535 North Dearborn St., Chicago, IL 60610. (312) 645-5000.

Michigan Specialty Society Meetings

January

13 Michigan Psychoanalytic Society Conference. "The Mental Representation of the Clitoris," Southfield, MI. Contact: Shirley Seffinger or Colleen Jaeger, 16310 W. Twelve Mile Rd., Suite 204, Southfield, MI 48076. (313) 557-8633 or (313) 559-5855.

21 Michigan Psychoanalytic Society Conference. "Normal and Pathological Mourning: Clinical and Theoretical Perspectives," Farmington Hills, MI. Contact: Shirley Seffinger or Colleen Jaeger, 16310 W. Twelve Mile Rd., Suite 204, Southfield, MI 48076. (313) 557-8633 or (313) 559-5855.

National Specialty Society Meetings

January

4-7 Current Concepts, Vail Colorado. Contact: CME Registration, Department of Education, American Academy of Pediatrics, P. O. Box 927, Elk Grove Village, IL 60009-0927. Toll-free 800-433-9016 ext. 7657.

18-20 American College of Obstetricians and Gynecologists/Liability in Perinatal Medicine: Prevention and Defense, Carlsbad, CA. Contact: ACOG Registrar, (800) 673-8444.

22-24 American College of Obstetricians and Gynecologists/Detecting and Managing Fetal Abnormalities: Genetics and Ultrasonography, St. Thomas, VI. Contact: ACOG Registrar, (800) 673-8444.

25-27 American College of Obstetricians and Gynecologists/Case Discussions in Reproductive, Endocrinology and Infertility, St. Thomas, VI. Contact: ACOG Registrar, (800) 673-8444.

February

1-3 American College of Obstetricians and Gynecologists/Intrapartum Fetal Evaluation, Snowbird, UT. Contact: ACOG Registrar, (800) 673-8444.

9 Michigan Chapter, American Academy of Pediatrics/Medical Issues in the Day Care Setting, Radisson Resort & Conference Center, Ypsilanti, Michigan. Contact: Neal R. Weinberg, MD, 3075 Clark Road, Suite 301, Ypsilanti, Michigan 48197. (313) 434-3000.

16-18 Pediatrics in Progress, San Francisco, CA. Contact: CME Registration, Department of Education, American Academy of Pediatrics, P. O. Box 927, Elk Grove Village, IL 60009-0927. Toll-free (800) 433-9016, ext. 7657.

22-24 American Academy of Family Physicians Conference. New Orleans AIDS Conference: Management of HIV Disease for the Primary Care Physician, New Orleans, LA. Contact: Dr. Sandra Mahkorn, (504) 362-9355 or Mr. Bart Reilly, (504) 568-3855.

Other Meetings

February

2-4 MSMA Mid-Winter Seminar: Roaring into the 90s. Contact: Yvonne Jones, CMA, 2864 Foster, Ann Arbor, MI 48104.

11-16 Fifteenth Annual Seminar on Emergencies In Medicine. Contact: Robert F. Wilson, M.D., FACS, Department of Surgery, Detroit Receiving Hospital, 4201 St. Antoine, Detroit, MI 48201. (313) 745-3484.

April

23-24 Michigan Association for Infant Mental Health, 14th Annual Conference: "Everybody Comes From a Family: Nurturing Through the Life Cycle", University of Michigan, Ann Arbor, Michigan. Contact: The University of Michigan Extension Service, Conference Department, 200 Hill Street, Ann Arbor, Michigan 48104-3297. (313) 764-5304.

SYMPOSIUM ON
CONTROL OF PAIN SECONDARY TO CANCER

Sponsored by
Michigan Cancer Foundation
Sinai Hospital of Detroit
Wayne State University School of Medicine
and
Meyer L. Prentis
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SATURDAY, FEBRUARY 10, 1990
8:30 a.m. - 4:00 p.m.
Engineering Society of Detroit, 100 Farnsworth, Detroit, Michigan 48202

SYMPOSIUM DESCRIPTION

An in-depth program designed for physicians, residents and nurses to review current knowledge of the control of pain secondary to cancer.

SCHEDULED SPEAKERS

"**Pain Syndromes in Cancer**", Vainutis K. Vaitkevicius, M.D., Wayne State University; "**Pharmacologic Management of Pain in Advanced Cancer**", John W. Finn, M.D., Hospice of Southeastern Michigan; "**Intraspinal Narcotics and Neurolytic Blocks**", Todd E. Lininger, M.D., Sinai Hospital of Detroit; "**Behavioral and Psychological Control of Pain**", Gerald A. Shiener, M.D., Sinai Hospital of Detroit; "**How Radiotherapy Contributes to Pain Relief**", William Powers, M.D., Wayne State University. **Practicum, Demonstrations, and Panel Discussion** chaired by Eli M. Brown, M.D.

(Arrangements for Continuing Medical Education credits are being made.)

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FAMILY MEDICINE PHYSICIANS – PRACTICE OPPORTUNITIES Providence Hospital is seeking Board Eligible/Certified Family Physicians for practice opportunities in the providence network or family health centers. These family health centers serve Western Wayne and Oakland County. Core groups of family physicians create an atmosphere conducive to the practice of family medicine. Access to tertiary care and family centered obstetrical care available. All practice opportunities sponsored by Providence Hospital, Department of Family Practice. An excellent salary and benefit program await the selected individuals interested in true family medicine. Please forward a curriculum vitae in confidence to: Rob Stenberg, Senior Associate, Bernie Hoffman Associates, Inc., 15565 Northland Drive, Suite 800 East, Southfield, MI 48075 Phone: (313) 557-9340.

FAMILY PRACTICE – HOSPITAL SPONSORED clinic opportunity. Dynamic, growth-oriented hospital in beautiful North Central Wisconsin is seeking two Family Physicians for a new clinic facility currently being constructed. The administrative burdens of medical practice will be minimized in this hospital-managed clinic. The hospital has committed to an income and benefit package which is significantly higher than similar opportunities. Package includes base income, incentive bonus, malpractice, disability, signing bonus, and student loan reduction/forgiveness program. All relocation costs will be borne by the hospital. Please contact Dan McCormick, President, Allen McCormick, France Place, Suite 920, 3601 Minnesota Drive, Bloomington, MN 55435 (612) 835- 5123.

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FAMILY PRACTICE – Physicians seeking a BE/BC family practice physician for the Norway, Michigan, service area. The physician would have the option of joining one of the existing practices and/or setup his/her own practice. Anderson Memorial Hospital is a part of Dickinson County Hospitals and has a service area population of over 45,000. Contact: Dr. Paul Hayes, Anderson Memorial Hospital, Main Street, Norway, Michigan 49870 (906) 563-9243 or office (906) 563-9255.

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The Trumpet Summons

By Robert E. Paxton, MD

It is time to renew our crusade and to mobilize our forces! Against what, you ask? The professional liability crisis, of course.

This rather militant approach may seem uncharacteristic of this president, since, on several previous occasions, I have expressed hope for non-confrontational solutions to the liability crisis. I still hope we might be able to reasonably discuss this problem with the legal profession and arrive at a successful consensus. Regretfully, since our tort reform in 1986, we have seen only minimal relief. The problems of access and quality care still confront the public. Malpractice costs have soared, accelerated by huge awards. Settlements for maloccurrence plus defensive medicine stagger medically-inflated health care expenditure.

The profession is frustrated and discouraged. Both seasoned physicians and young practitioners are seriously considering giving up the practice of medicine. It would appear that the trial bar, supported by a lotto-conscious society, has shackled our profession with a system unproductive for the general public – a public that nevertheless expects perfect results and compensation if they are not obtained.

This is all done under the guise of the plaintiff lawyers' banner of righting egregious wrongs, empowering the powerless, penalizing wrong-doers! They proclaim that they are crusaders for good – social engineers, as it were. The fact that they can earn millions of dollars annually with the system (as it was recently reported in *Forbes* magazine), is "purely coincidental." Their noble motives crumble when we realize that the injured party receives only 30 to 40 cents out of every dollar in an award; the balance goes for attorney fees and expenses.

Despite this glaring injustice that benefits only a few, we look about us and see little support. Many politicians fail to recognize the seriousness of the crisis. The elderly listen to distorted claims by the leadership of the American Association of Retired Persons (AARP), and Ralph Nader. Bureaucracies try to assure us that the problem is over. Even our allies waver in their support. We hear the ill-founded accusations that solutions can be found only in "risk-proofing" providers and in eliminating impaired or incompetent physicians. There are even those in our profession who publicly criticize us and dilute our efforts to find a lasting solution.

A just course of action

How do we react in the months ahead, in the final decade of the century? I promised that in 1990 we would initiate our campaign, implement our strategy and start the offensive to resolve the liability problem. Let me assure you that we are on schedule and have evaluated our tactical options. Don't be discouraged nor dismayed by the formidable opposition we face. Our course is just and our goals are dedicated to improving the health care of our patients. That is why I say, this is the year to put our crusade in high gear.

We are shifting our strategy somewhat. To date, we have supported a complex, comprehensive program that contains elements which "cover all the bases." The fact is we shall continue to "nibble" away at the problem with consideration of no fault for neurologically impaired infants. We shall renew our emphasis on arbitration and support any innovative legislation, like Senator Schwarz's good samaritan bill for emergency care.

For tactical purposes, however, we will concentrate on our model for an administrative at-fault alternative to tort by jury and push for its adoption. Our present plan is based in principle on the Physicians Insurance Association of America's plan which we feel is possibly the best answer for Michigan.

We already are engaged in a parallel project with the Fleming Process which seeks to find a workable alternative, an alternative we plan to present to the Governor. One aspect is our participation in the Research Advisory Group to monitor the data collection activity. Concurrently, in another forum, Doctor Fleming will present his ideas to the individual groups participating in this process. It is here where the discussions and negotiations will take place. If nothing develops that we can support, we will proceed on our own to present our model to the legislature.

Success depends on us

I would hasten to add that we continue to rate risk management activity as a priority item and vigorously pursue any strengthening of the physician disciplinary process that is just and effective. My point in declaring this President's Page a summons to our crusade is that success depends strictly on us!

Unity is of utmost importance. We must speak in one voice. Any deviation will probably spell disaster. Our efforts must be tireless and persistent. Leadership and staff must be dedicated, innovative and sharp. All physicians must be totally involved and responsive.

The involvement of the grass roots will take the form of making legislative contacts and soliciting support from the public. An informed media is a must. We could even call for statewide participation in events like the "Onward to Lansing" march, if it is tactically appropriate.

What measure of success do I expect? I'm cautiously optimistic. The stakes are so high that we must win a major victory. The real problem we face in Michigan is the constitutionality problem. Richard Weber, MSMS legal counsel, confirms this concern but encourages us to proceed and not let this deter our efforts. He foresees difficulties but is convinced that there are answers and that success is possible.

I am still open to any overtures from the trial bar to seek a fair and lasting solution. But first, they have to admit that there is a problem and then be willing to dedicate the energy required to resolve it. At any rate, as we start this new year, we are moving forward!

Whatever lies ahead in 1990, the words of John F. Kennedy remind me that the trumpet summons us again, not as a call to bear arms, though we will have some victories and some defeats, not as a call to battle, though embattled we are, but as a call to bear the burden of a long twilight struggle...rejoicing in hope and patient in tribulation. Yes, my colleagues, now is the time to initiate that struggle and reinforce our crusade. Now is the time to rejoice in hope.

Happy New Year and may it be a great one for Medicine!

Doctor Paxton is MSMS president.

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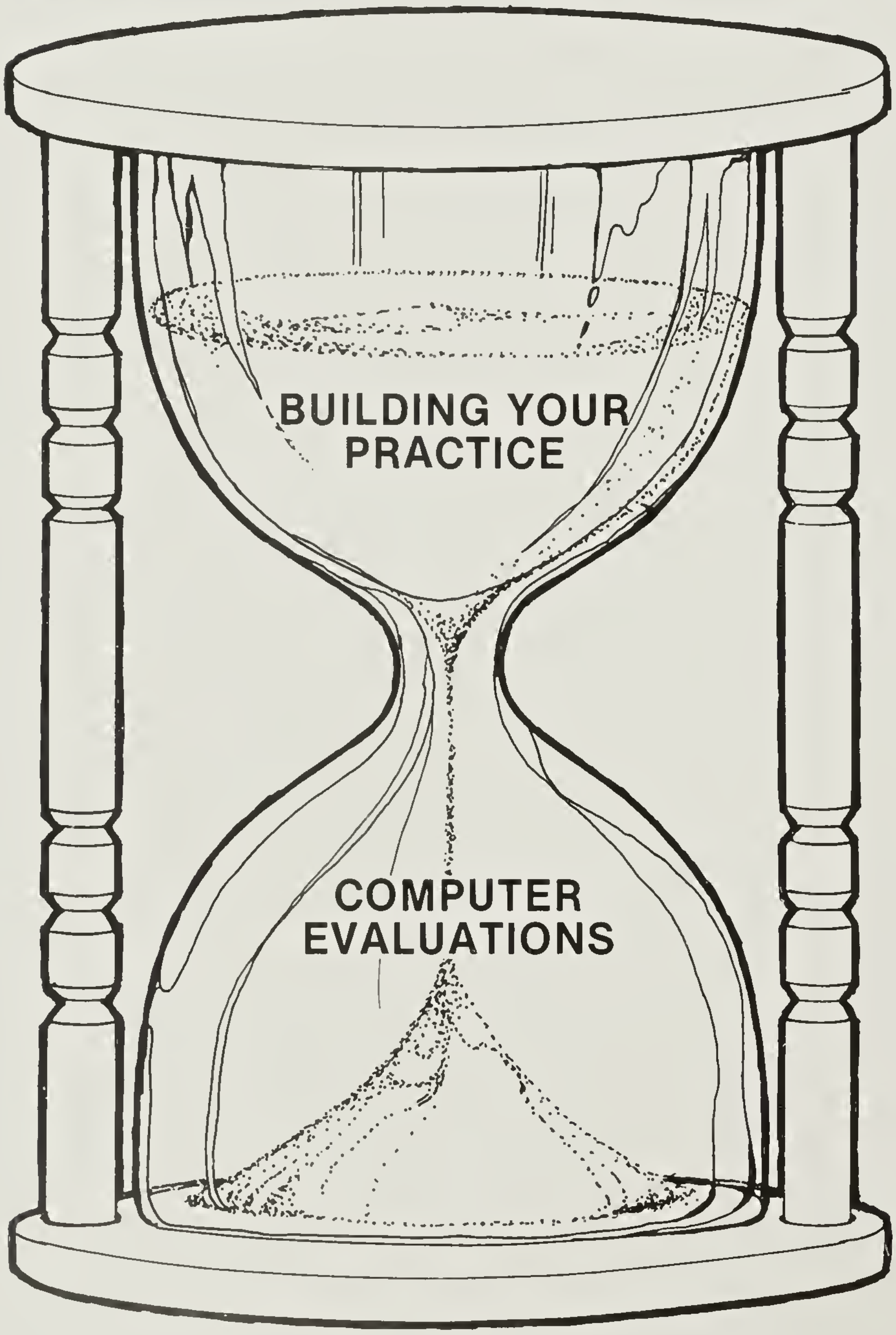

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MICHIGAN MEDICINE

14 COVER STORY

AIDS is a reality for children of the 1990s. Unfortunately, most young people believe AIDS and death are something that happen to other people. The challenge for physicians in the 1990s will be to make these "distant" threats a reality for adolescents. In Michigan, at least three physicians are taking part in promising new approaches designed to educate youth about AIDS/HIV and other health care issues. These approaches, and the physicians who created them, are the subject of this month's cover story. Also included are an outlook for the 1990s; a brief description of a new physician's guide to AIDS/HIV in Michigan, published by MSMS; a report on the MSMS AIDS Hotline; and, finally, a display of educational posters available to physicians from the National AIDS Information Clearinghouse.

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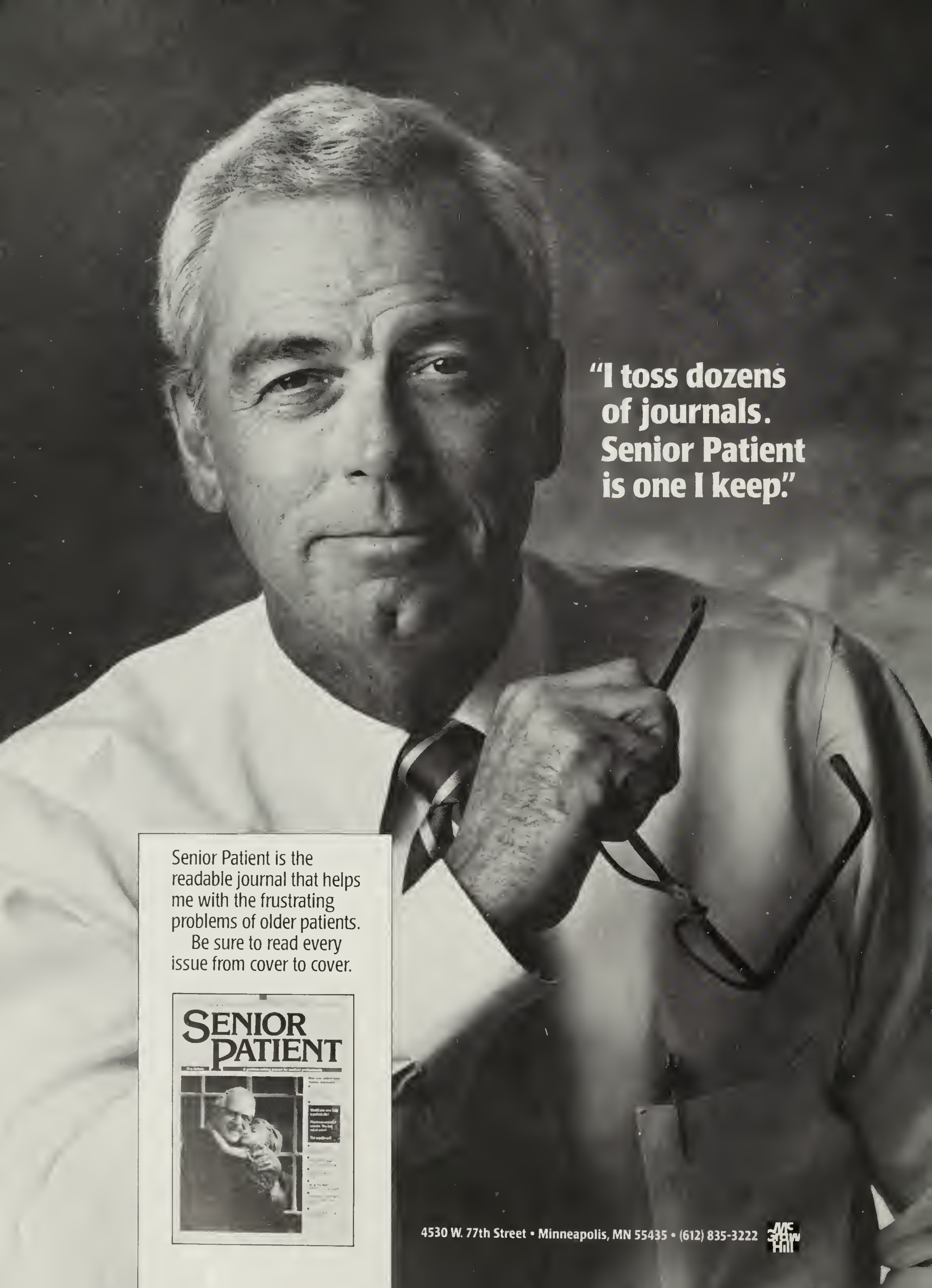
Cover illustration by: *Robert L. Brent.*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IN MY OPINION

Physicians need to identify more effective ways to educate youth about STDs and drugs

By Reynard Bouknight, MD, PhD

Acquired Immunodeficiency Syndrome (AIDS) and other Human Immunodeficiency Virus (HIV) infections continue as the scourge of our time. As the epidemic evolves, it is beginning to take on a new shape with different faces. Although these infections were initially noted primarily among homosexual males and intravenous drug users, they now affect broader segments of our society. One such segment which has been virtually ignored is the adolescent — partly because of the low reported incidence of AIDS in this group.

According to the Centers for Disease Control, as of November 1989, there were 439 cases of AIDS among adolescents 13 to 19 years old in the United States — less than one percent of all diagnosed cases. This figure is misleading, however, since it significantly underestimates the prevalence of total HIV infections in this group. With a latency period of five to seven years, many young adults between the ages of 20 and 24 with AIDS were initially infected in their teens.

This disease clearly affects the young, but many are falling through the cracks of our health care system. Adolescents have been virtually ignored with respect to various drug trials for HIV infections. There is little known about the side effects or the therapeutic benefits of azidothymidine (AZT) in the asymptomatic teenager. We need to identify more effective ways of educating sexually active youngsters about sexually transmitted diseases and drugs.

Recent studies clearly show that adolescents have a high level of understanding about the sexual route for transmission of the AIDS virus and the preventive capabilities of condoms, but have little intent of increasing their low percentage of condom use.

Our challenge is before us and it must begin with a recognition of the differences that exist between the HIV infected adolescent and adult. These differences are summarized and listed below.

When compared to adults:

1. A higher percentage of adolescents acquire HIV by heterosexual transmission.
2. A higher percentage of HIV positive teenagers are asymptomatic.
3. There is a higher percentage of Black and Hispanic cases.
4. Adolescents have cognitive differences in the ways they process information.
5. There are special medical, economic and social implications of teenaged mothers delivering HIV infected babies.
6. Adolescents have emotional differences in coping styles.
7. There is a lack of unified community support (as opposed to an adult gay community).
8. Some adolescents are "sexual adventurers."
9. There is less use and availability of contraceptives.
10. There is a lack of services convenient, appropriate and attractive for youth.

As physicians and allied health professionals become more aware of HIV infections in adolescents, it is crucial that young patients be made more aware of risk behaviors, their own personal susceptibility, and the ways of avoiding becoming infected. To be effective, our strategies must instill self-esteem, encourage practice of interpersonal assertiveness and provide a support network for comprehensive health. By using these approaches we can stem the tide of teenage HIV infection and ultimately prevent the spread of AIDS.

Doctor Bouknight is a member of the MSMS AIDS Speakers Bureau. This article was presented, in part, at the Michigan Adolescent Correctional Health Care Conference in Adrian last May. References available upon request.

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We have just released a new monograph entitled, *Selecting a Proprietary Severity-of-Illness System.* Written by Edward C. Geehr, MD, this new book is an important addition to the growing literature on quality assessment and quality improvement in the delivery of health care services.

Doctor Geehr, who is the chief quality officer for the Albany Medical Center, Albany, NY, carefully and painstakingly assesses the relative merits of six severity systems currently on the market. He makes no judgments, but the reader will have all the information that is needed to make a sensible buying decision for the individual institution.

We hope that you will call this important book to your readers' attention.

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For more information on this book, contact Wesley Curry at 1-800-562-8088.

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MEDICAL NEWSFRONTS

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U-M releases software program to measure memory span

A University of Michigan researcher, along with two colleagues, has developed an interactive computer program to measure memory capacity in children and adults who have suffered strokes, head injuries or learning disabilities.

The computer program is more accurate than conventional memory tests because it eliminates variation between individual examiners and separates memory loss from other problems such as speech and hearing disorders, according to Holly K. Craig, associate professor of speech language pathology and director of the U-M Communicative Disorders Clinic.

Craig developed the software with Ken Watkin and Tanya Gallagher of McGill University, both formerly of the U-M School of Education. The three researchers received support from IBM Corporation to create "Michigan Memory Series Software," a group of four memory software packages. The first software package to be released is titled "Serial Recall: Assessment."

The typical memory test, according to Craig, is a face-to-face interview in which an examiner dictates a string of numbers and asks a patient to repeat them aloud. The examiner gradually increases the number of items in the string in order to determine the patient's memory capacity.

Craig's software uses the same technique but allows the handicapped to be tested in varied ways. Patients with speech problems, for example, do not perform well on tests requiring verbal answers. Some patients have difficulty taking tests with a number of different instructions "because they can't remember the various steps, let alone the content," Craig said.

Patients using the software see — or hear, via a digitized human voice — a series of numbers, letters or shapes. They then are asked to recall the correct position of one character after all of the characters have been removed. Most patients start with strings of three characters and must get seven out of the first 10 strings right before progressing to the next level of difficulty.

According to Craig, the researchers designed the keyboard for easy use by stroke victims or patients with head injuries, many of whom have limited ability to press specific keys or use a "mouse."

These patients only need to learn two keys — the space bar and the "enter" key — that can be struck with a blunt motion.

From the examiner's perspective, Craig's software solves the problems caused by individual examiners presenting memory tests in different ways. Results can be accurately compared even if examiners use different methods (visual, auditory or a combination) or different stimuli (letters, numbers or shapes).

Educational Testing Service of Princeton, NJ, tested 845 children ages five to 14 to establish national standards, a practice that is typical of "paper-and-pencil tests" but unusual in educational software, according to Craig. "No other software I'm aware of has that kind of statistical support," she said.

The comprehensive result analyses are built into the software and therefore, "the clinician has potentially hours worth of data reduction available automatically," Craig said. "Determining whether the patient's performance is within the normal range, or whether the memory strengths and weaknesses follow a pattern, is a matter of seconds — not hours."

Craig and colleagues expect that the software, which costs $385, will be used by a wide range of practitioners, including speech/language pathologists, neuropsychologists and neurosurgeons, and teachers of autistic and learning disabled children. Other Michigan Memory Series Software products being developed include a program designed to help patients improve memory performance using specific recall techniques.

For more information about purchasing "Serial Recall: Assessment," contact U-M Software at (313) 936-0435.

Doctors may undermine goals of medical education due to the way they talk to each other

One of the learning experiences of a physician's training is the case presentation, a formal meeting at which hospital interns, residents and fellows defend their treatment of a patient to their superiors. But the unique way doctors talk to other doctors — especially in case presentations — may actually undermine the goals of medical education, a University of Michigan sociologist says.

Renee Anspach, assistant professor of sociology at U-M, spent 19 months observing case presentations in two intensive-care nurseries and in an obstetrics and gynecology ward. In addition, she analyzed doctors' written records, such as discharge summaries and operation reports.

Doctors unconsciously use a language in talking about their patients that is "radically different from their ordinary speech," she observed. One striking difference is that doctors in case presentations rarely refer to the patient by name, instead using "the patient" or "the baby." They also avoid using possessive adjectives. For example, doctors frequently say "the pregnancy" rather than "her pregnancy" or "the head" rather than "her head."

Anspach believes that these speech conventions, which serve to depersonalize the patient, are important indicators of the physicians' world view. "It's almost a cliche, but this is reinforced in their language: for doctors, the real actors in the drama are not human beings but their

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organ systems and diseases," she said.

When describing treatment regimens, Anspach found, doctors overwhelmingly use the passive voice, omitting the subject or agent of the action. For example, when recounting the treatment of a woman with cervical cancer, a doctor in the study said, "No pap smear was performed at the time of the initial visit."

"In that case," Anspach said, "not performing the pap smear was a serious error in medical management. But by using the passive voice, the presenter softened the accusation by drawing attention toward the error and away from the person responsible."

Doctors also use the passive voice when reporting their observations. Some common examples are: "The baby was noted to have swelling" or "she was found to be restless." Anspach notes that this technique makes the physicians' observations seem objective.

On the rare occasions that they use the active voice, doctors tend to place technology or data as the subject of their sentences. Phrases such as "angiography showed" and "x-rays revealed" omit the human being needed to interpret the data. "If you look at academic prose, you'll see the same thing," Anspach said. "It's as though science were so objective that the particular observer or interpreter is irrelevant to the situation."

Anspach urges those interested in creating a more patient-centered health care system to consider not only institutional changes, but also the implications of medical language. "Doctors who are learning the language of case presentations are going to be compelled subtly to adopt faith in the unquestioned knowledge of scientific information and to minimize the importance of the patient's history and subjective experience.

"It's in our conversations that power relationships are established as much as in social institutions," she explained. Without changing the language of case presentation, "physicians in training might come to be used by the words that they choose."

Pregnant women should stick to low-fat diet, research shows

A Michigan State University researcher is stepping out of his usual laid-back scholarly ways to become an ardent advocate for low-fat diets in pregnancy — a measure he says could reduce the cancer risk for the next generation.

Anatomy professor Bruce Walker, PhD, MD, has written and personally published *Pregnancy Diet and Cancer*, a book he wants women of childbearing age to read and heed as a means of sparing their daughters from cancer many years in the future.

A high-fat diet during pregnancy, he contends, appears to increase the possibility that female children will have reproductive-tract cancers in later life.

Drawing on his own research with mice and analysis of human cancer statistics, as reported in the January 3 issue of the *Journal of the National Cancer Institute*, Doctor Walker says a high-fat diet during pregnancy may be as dangerous as taking diethylstilbestrol (DES).

In his paper, Doctor Walker reports tumors occurred two to five times more often in daughters of mice that received high-fat diets during pregnancy than in daughters of mice that were on low-fat diets.

He says his findings help to explain a puzzling discrepancy in cancer statistics. The discrepancy stems from studies that show far fewer cancers in women from low-fat-diet countries than in women from the United States.

Continued on page 11

Physicians in the News

Glenn I. Hiller, MD, is "Physician of the Year," according to the National Foundation for Ileitis and Colitis. Doctor Hiller graduated from Marquette School of Medicine and is on staff at Providence Hospital and Detroit Receiving Hospital. He is also an associate professor at Wayne State University School of Medicine. Doctor Hiller is active in many honorary and professional societies including Wayne County Medical Society, Michigan State Medical Society, American Medical Association, and Michigan Society of Internal Medicine.

Daniel Cahill, a student at Wayne State University School of Medicine, was named "Medical Student Winner" for his presentation at the recent Family Practice Research Day Conference. The annual conference of the Michigan Association of Family Practitioners was held at Michigan State University last November. Cahill was recognized for his presentation entitled, "The Urban Health Care Clinic and Its Substance Abuse Population."

E. James Potchen, MD, JD, radiology professor and chairman of the radiology department at Michigan State University, led a delegation from his department to the 1st Annual International Workshop on Magnetic Resonance Angiography held recently in Italy. Doctor Potchen also traveled to London where he delivered a speech on the "Performance of Radiologists" at the Audit in Radiology Symposium held in November at the Royal College of Radiology. He also served as a visiting professor at Cambridge University and Hammersmith Hospital.

David H. Gilbert, MD, received a 1989 Emergency Medical Service Award from the District Health Department and Southwestern Michigan Systems Incorporated. The award is to honor outstanding service and dedication to the emergency medical field. Doctor Gilbert received his medical degree from the University of Michigan Medical School and served his internship at McLaren General Hospital in Flint. He has been very active in the emergency medical field for approximately 20 years.

John J. Kelly, MD, has been chosen "Family Physician of the Year" for 1989 by the Michigan Academy of Family Physicians. Doctor Kelly has been a practicing family physician in Southeastern Michigan for nearly 30 years. He has held many prominent offices within organized medicine including president of the Southeast Chapter and speaker of the MAFP Congress of Delegates. He is an instructor at Oakwood Hospital Family Practice Center.

The Michigan Society of Pathologists has three new officers. They are: **Gerald H. Mandell, MD,** Detroit, president; **Cathy O. Blight, MD,** Flint, president-elect; and **Thomas McCormick, MD,** Dearborn, secretary/treasurer.

Continued from page 10

However, studies confined to adult American women show little difference in cancer incidence between those on high-fat diets and those on low-fat diets. Some epidemiologists say the discrepancy may be because these studies have not considered what kind of diet the women had early in life.

Doctor Walker takes this suggestion a step further by arguing that the fat may have its effect before birth.

In his laboratory research, Doctor Walker raised mice on low-fat diets until they were mated. He then divided them into four groups, each receiving a different percentage of its calories from fat. Two low-fat groups received six and 20 percent; two high-fat groups received 37 and 49 percent. About half of each of the groups had grandmothers that had been exposed to DES.

After birth and during weaning, the mothers were put on low-fat (20 percent) diets. Daughters from all of the groups were raised on low-fat (20 percent) diets until terminal illness occurred, usually after the normal lifetime of two-to-three years.

Post-mortem studies of 259 mice show that daughters from the high-fat groups — regardless of ancestral exposure to DES — had significantly more ovarian, uterine and mammary tumors than daughters from the low-fat groups.

In his book, Doctor Walker says his experiments and analyses support "the conclusion that a high fat diet during pregnancy programs the unborn baby for cancer later in life.

"...Since it takes time to develop a fat-controlled diet, and since the critical period for cancer is early in pregnancy, the diet should be started well before the onset of pregnancy."

While he acknowledges that absolute proof is lacking, he argues in his book that a low-fat diet (20 to 30 percent of one's calories from fat) is generally considered to be healthy and much better for everyone than the average American level of 37 percent.

WSU School of Medicine tops in research

Twenty-two of the top 25 funded researchers at Wayne State University are School of Medicine faculty. Overall, 85 percent of the top 53 funded WSU faculty are medical school researchers.

All five WSU faculty members who have received over $2 million in funding over the reporting period are medical researchers. Dean Robert Sokol, MD, tops the list as the recipient of nearly $3 million for the Fetal Alcohol Research Center, established when he was chairman of obstetrics and gynecology. The Comprehensive Cancer Center Award reflected in the $2.7 million total of oncology chief Laurence Baker, MD, places him among the top five investigators. Charles Whitten, MD, associate dean and professor of pediatrics, also leads the list with $2.7 million in funds for the Sickle Cell Research Center, which has been funded for more than 16 years. The sickle cell award has averaged more than $850,000 a year in research support over this time, making it the top funded program ever at the University. Albert King, MD, professor of mechanical engineering and adjunct professor of orthopaedic surgery, represents $2.4 million in funding, and Thomas Corbett, MD, professor of medicine, is the recipient of $2.3 million.

"The figures are important, because they point to the School's strength in research and demonstrate the success of our faculty in gaining highly competitive national research awards," notes George Dambach, MD, assistant dean for research. "The report is also a good indicator of our overall research strength. Our strong representation at the top of the list is typical of our total support." ■

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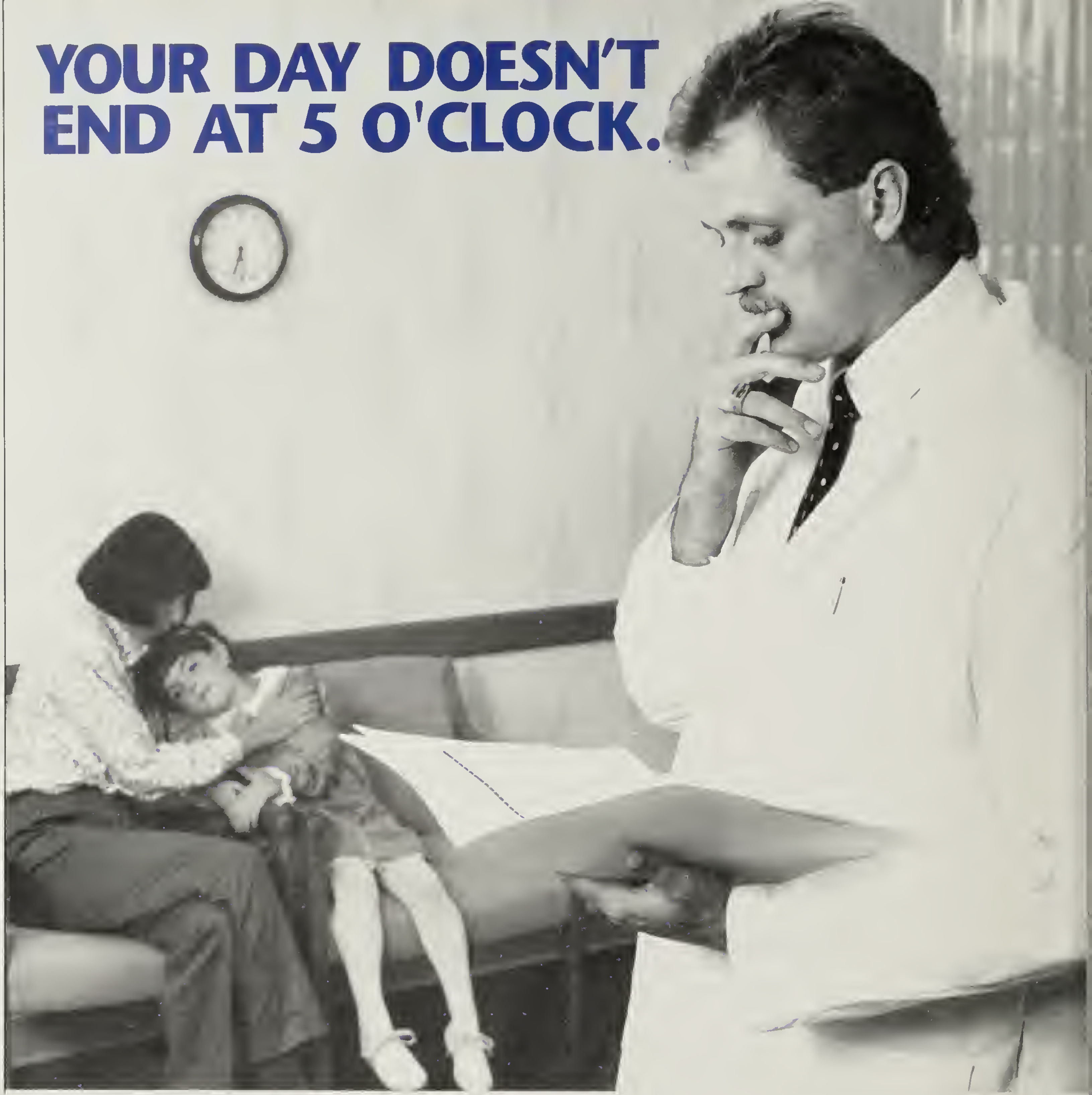

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Cover Story

ADOLESCENTS & AIDS

An Outlook for the 1990s

By Chad B. Munger

Like all the generations that survived childhood before them, the adolescents of the 90s feel exempt from death, disease and the consequences of acting without forethought. Being a young person today is not, however, what it used to be. With more to know and more dire consequences for not knowing it, adolescents in the 90s face decisions today about survival tomorrow.

AIDS is a reality for children of the 90s. Having sex and shooting drugs means worrying about more than mere accidental pregnancy, or a painfully embarrassing shot of penicillin. It means worrying about survival. The overwhelming pressure to have sex and experiment with drugs can kill. But to most young people, AIDS and death are something that happen to other people. As physicians, the challenge is to make these distant threats a reality.

The immediate threat to adolescents, according to Missy Fleming, PhD, of the AMA Youth HIV Education Project, is not a full-blown case of AIDS. "People in the 13- to 19-year-old category make up only about one percent of the total number of people with AIDS," she contends. Becoming HIV infected, however, is an immediate concern. "In the 20- to 29-year-old age group we are talking about 23 percent of the total number of AIDS cases. What is so alarming is that most likely those people (age 20 to 29) were infected when they were adolescents."

As of December 1, 1989, there were 1,435 total reported cases of AIDS in Michigan. Of those, 839 died, 22 cases were pediatric, nine cases were between the ages of 13 and 19, and 313 cases were confirmed in the 20- to 29-year-old population. (Those in the 20 to 29-year-old population most likely were infected during adolescence, confirms Randall Pope, chief of the Special Office on AIDS Prevention at the Michigan Department of Public Health.)

This alarming number of cases and infections during adolescence is a sign of the extra pressure placed on adolescents to grow up too quickly. The routes of infection in adolescents mimic the routes of infection in adults. And, just like adults, they are often fatally unaware of the consequences.

The high risk behaviors of adolescents mimic, but are not identical to, the high risk behavior of adults. For instance, needle sharing among adults is associated almost exclusively with drugs. This is not necessarily so among adolescents. According to Doctor Fleming, adolescents share needles for a variety of reasons, including ear piercing, tattoos, and to inject steroids, "which is totally new," she says.

Kids are also having sex, earlier and more often each year. And, as Doctor Fleming notes, increasing teen pregnancy rates and the rate of new sexually transmitted disease cases suggest teens are not taking precautions.

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Awareness of HIV and the consequences of certain behavior is important for young people, but it is not easy to come by, states Pope. "If you were to grade them on their knowledge about HIV, you would probably give them a B. Eighty-five to 90 percent of adolescents don't know how HIV is transmitted. For instance, they think that things like mosquitoes, toilet seats and handshakes can transmit HIV." Misconceptions may be as harmful and difficult to change as lack of information.

Education is the tool to eliminate both problems. "The AMA Youth HIV Education Project believes that adolescents should receive information about HIV prevention and AIDS before they start making health decisions which affect the rest of their lives," says Doctor Fleming.

This education can and should be provided in a variety of settings, Doctor Fleming says. "Adolescents need to get a consistent message wherever they spend time — in school, 'Y' programs, churches, wherever they can be reached."

For young people who are more difficult to reach — the homeless or those who do not attend school regularly — there needs to be an even greater effort to educate. In Michigan, young adult education classes and runaway crisis centers are potential ways to speak with these hard-to-reach young people, says Pope.

Physicians have a very special role to play in the education of adolescents when it relates to health care, Doctor Fleming says. "Because (physicians) have excellent recognition based on their scientific knowledge and patient care experience, they are excellent sources of information."

Physicians also have a very important role to play, adds Pope. "Physicians have to reinforce the abstinence, monogamous, safe sex message as appropriate to the patient. Whether it is in the office or in the classroom, physicians need to continue to lead the movement toward better education and prevention of HIV infection and AIDS."

The objective is to reach young people so that they can make informed choices. In Michigan, at least three physicians are taking part in promising new approaches to bring home the tough health care issues which face adolescents in the 1990s — most importantly, AIDS. In the following pages is an indepth report on these approaches and the physicians who created them. ■

Chad Munger is a Chicago-based freelance writer.

Cover Story

ADOLESCENTS & AIDS

Three Michigan Physicians Reach Out to Educate Youth About AIDS/HIV

By Chad B. Munger

Three Michigan doctors are taking promising new approaches to bring home the tough health care issues facing adolescents in the 1990's — most importantly, AIDS.

All three approaches, which range from a school-based clinic to a questionnaire, attempt to solve specific, and difficult problems — like HIV infection — by improving the broader health care education and treatment needs of all adolescents.

Only one of the approaches singles out HIV infection as its sole target. But all three provide new avenues to deal with this problem — avenues adolescents are willing and capable of traveling.

Detroit's Northern High School health clinic

Doctor Berry

At Detroit's Northern High School, half of nearly 1,000 active students have an approach to health care, education, and counseling that really speaks to them. It is a safe and concerned clinic to which students can turn. The clinic is on high school grounds, is well-kept and professional — all of which keep students at ease and more likely to take advantage of what the clinic has to offer.

More than just a nurse's station, the clinic is staffed by a full-time nurse-clinician, a part-time physician, medical assistants, social workers, and a medical educator who coordinates many curricular activities with the school. A data coordinator keeps statistics, handles any billing and transmits information to the Michigan Department of Public Health about the kinds of work the clinic performs.

Detroit native Pamela L. Berry, MD, performs most health care services offered at the clinic. She describes the clinic as one which offers general medical care in a more or less comprehensive fashion. The clinic will "handle most of the school's sports physicals, acute care types of problems, colds, injuries and questions about almost everything," she says. The clinic also contains a small lab capable of doing urine analysis, hematocrits, strep screening, and chlamydia screens. In addition, the clinic houses a small dispensary which carries both over-the-counter and prescription (antibiotics) drugs.

Grants from the MDPH and the Robert Wood Johnson Foundation are the primary source of support for the clinic. The Detroit Health Department supplies in-kind services, such as lab time for the clinic, and the Detroit Public Schools provide the facilities and pay for the clinic's utility bills. The generous support of these organizations allows all services at the clinic to be provided free (if a student has medical insurance, however, the clinic is willing to bill it).

> *"Our greatest challenge right now is trying to (convince) kids that they can get AIDS if they engage in high risk activities."*

The popularity of the clinic is due, in large part, to the clinic staff. They have a priority of involving parents, students and the community in the operation of the clinic.

School-based clinics were a new experience for Detroit schools. As expected, they were the source of a good deal of controversy. Before the Northern clinic actually was in operation, some people in the surrounding community expressed concerns about the types of services and information that would be distributed.

Notes Doctor Berry: "Because there were no similar programs in the city, and people involved in the controversy were familiar only with public clinics, they feared students would have general access to contraceptive methods without parental involvement. When parents found out that our interest was not just in reproductive health but also in the general well being of the students, they received it quite well."

Students must have parental permission to use the health center. At the beginning of each school year the clinic's nurse and the health educator hold an orientation session for students to let them know what services are available. At these orientations, students may register to use the clinic. Registration also occurs at parent-/teacher conferences and any time parents are in the building.

To keep parents and students aware and involved in the clinic, the high school established an advisory committee. The committee is made up of parents and students, and primarily keeps people abreast of how the clinic is run. The committee also screens and proposes new policies for the clinic. Parents with questions or problems about the clinic are directed to this committee.

"We are trying to find the types of services (parents and students) feel are needed at the school," says Doctor Berry. "We do quite a lot of plain old physical examinations. Normally, you expect (students) have an examination every year or two. What we have found, however, is that because many students have not had any injuries or anything more than minor illness, they have not gone in for any type of general medical care.

"The most common problems we deal with, for the males, are sports physicals and injury treatment. For females, general gynecological care, answering questions about menstrual cycles, and dealing with STDs are quite common."

The clinic is not focused exclusively on family planning or sexually transmitted diseases (STDs). However, many of its services relate in one way or another to the latter.

"We do diagnose and treat minor gynecological infections," says Doctor Berry. "However, we do not provide birth control."

The clinic has developed a combined educational approach to dealing with STDs and AIDS. "We give them food for thought," Doctor Berry explains. "The way we impact upon them is by talking about AIDS in relation to other STDs. A lot of students understand other STD's and the physical types of problems that occur with them.

"We try to make at least one presentation on the topic per year. We have the impression that students understand what AIDS is and have some idea of how it is transmitted, but many still have difficulty accepting the idea that they could actually get AIDS. That is our greatest challenge right now — trying to convince kids that they can get AIDS if they engage in high risk activities."

Fortunately, the Northern clinic has not seen a student with AIDS. The reason, according to Doctor Berry, is because "we do not see a very high population of drug users. We think that maybe those kids are not in school."

To make the clinic effective at reaching even more students, Doctor Berry and the staff hope to recruit peer group counselors for discussions about high risk sexual activities and for drug seminars to begin next summer.

The emphasis at Northern High School is involvement and education. Its approach to AIDS is to treat it as part of the larger, general health care of the person. In this way, students not only relate well to problems like AIDS but have a way to become involved in their own treatment.

Muskegon County's Youth HIV Education Project

A joint venture between the Centers for Disease Control, the American Medical Association and doctors from around the country — known as the AMA Youth HIV Education Project — has established a pilot program in Muskegon County.

Begun over a year ago, the Youth HIV Education Project aims to have physicians in every state help educators establish a comprehensive approach to teaching health care, especially as it relates to HIV infection. The approaches taken by each state are expected to vary. Project supporters hope someday to suggest a model incorporating the strengths of all the individual programs.

Doctor Sprague

> "There is a lot of fear in school children about getting AIDS...They hear about it, but don't understand it. There needs to be a lot of reassurance that AIDS cannot be transmitted through casual contact."

S. Remington Sprague, MD, a Muskegon area internist, is responsible for coordinating Michigan's participation in the Youth HIV Education Project. He became Michigan's representative in the Youth HIV Education Project last March.

Physicians from around the country, including Doctor Sprague, attended a seminar in Washington, DC, to learn more about the HIV infection problem in adolescents and how school systems are organized. At the conference, Doctor Sprague also learned ways to approach school districts about the need for providing HIV education in their schools.

Michigan already has a model program for providing comprehensive health education, established by the state board of education. Doctor Sprague must now review and promote it at the local level.

To complete the review of the Michigan Model, Doctor Sprague set up a committee of local physicians. It includes an orthopedic surgeon, a hospital-based pathologist, four or five family doctors,

Continued on page 18

Continued from previous page

one ob/gyn, three internists and one general surgeon. The committee did not take long in recognizing the Department of Education's Michigan Model as an acceptable one for the Muskegon area. This comprehensive health education system will be completed in grades K-8, with plans to expand into senior high school.

In Muskegon County, there is a coordinator who works with various schools and the physician committee to implement the Michigan Model — providing written materials, video, filmstrips and in-service training to teachers.

Doctor Sprague has gone beyond helping to establish the educational program. He and the committee have developed a list of physicians in the Muskegon area willing to provide educators with information and to actually go into the classroom to share their experience when it is helpful. "We're hoping to have physicians in the schools teaching this year. As a medical person working with schools, I make it an important point to tell educators that I am not an expert on how to educate any age group. I can help teachers understand the disease process, but I don't have any expertise in how to educate adolescents," says Doctor Sprague.

Under the Michigan Model, HIV education starts in the lower elementary grades, although it begins as more of a general discussion of the immune system. "I don't think the term 'AIDS' is discussed until the fifth or sixth grades," adds Doctor Sprague. At that point students start to learn how it is transmitted. Discussion is specific.

"There is a lot of fear in school children about getting AIDS," says Doctor Sprague. "They hear about (AIDS) but don't understand it. There needs to be a lot of reassurance that it cannot be transmitted through casual contact."

Doctor Sprague and members of the AMA Youth HIV Education Project are interested in incorporating HIV education into a broader health education context, and along the way addressing those specific problems related to working with adolescents.

"I decided early on not to just look at HIV education, but rather to try to involve our county society with all aspects of health education — smoking, seatbelts, etc."

One of the problems Doctor Sprague and his peers would like to address is how to reach adolescents who are hard to find or do not have the resources to stay on top of their health.

"I think one problem we are going to have in teaching adolescents is how do we reach the adolescent who is not in school? The Centers for Disease Control has some initiatives along those lines. Muskegon Heights has a teen health center through the school. We would like to see how they educate their patients and we are interested in working with them," says Doctor Sprague.

In an attempt to reach the many people who are not able to find sufficient health care, Doctor Sprague is establishing a network of physicians who are willing to see patients with HIV. "We set up a referral panel of doctors for patients testing positive at the health department for HIV," notes Doctor Sprague. "If they don't have a family physician, we set them up with someone who can evaluate their condition."

Involvement in this project extends beyond Doctor Sprague and the committee working to review the Michigan Model. A number of resources for the committee are provided by the AMA, and MSMS is providing staffing. The executive director of the Muskegon County Medical Society is responsible for maintaining the physician referral list for schools.

"The major significance of this whole project is that organized medicine is concerning itself with public schools in overall education, not just HIV education."

A "SAFE TIMES" questionnaire

Harold H. Schubiner, MD, full-time Wayne State University School of Medicine pediatrician and internist, provides a third and influential approach to adolescent medicine.

Doctor Schubiner developed a questionnaire for use as a screening device in doctors' offices, schools, and a variety of other locations. Its purpose is to detect high risk problems in adolescents, such as drug use, depression, sexually-related issues, family problems, violence and safety issues, like seat belts.

Doctor Schubiner is concerned that physicians are not taking the time to really talk to their adolescent patients and to evaluate many of their problems.

"A good number of the most well-cared-for children in our country will never talk to their physician about anything but the problem which brought them to the office," he says. "Certainly, the less-advantaged children will have even fewer opportunities to speak with their physicians." This is what Doctor Schubiner wants to change.

Doctor Schubiner

> "A good number of the most well-cared-for children in our country will never talk to their physician about anything but the problem which brought them to the office...If a doctor cares about his/her adolescent patients, then the issues go far beyond the immediate reason for their visit."

"If a doctor cares about his/her adolescent patient, then the issues go far beyond the immediate reason for their visit."

According to Doctor Schubiner, the average time spent with an adolescent (based on a national health survey) during one visit is 11.6 minutes. "That's not a lot of time to ask about their sore throat, cold or sprained ankle or whatever they came in for."

Doctor Schubiner's questionnaire reduces the time it takes to screen an adolescent by identifying high risk areas for each patient. The questionnaire gives patients a score. Doctors can then concentrate on the areas in which the patient scored high. "This is like doing a complete screening but in a time-efficient manner," states Doctor Schubiner. "To do a complete screening yourself takes more than 11.6 minutes. If you use the questionnaire you are more focused and can cut down the time you need.

The questionnaire is a mnemonic, known as "SAFE TIMES." (See chart on page 19.) Each letter in the mnemonic is the first letter of a subject in the questionnaire. "It is called 'SAFE TIMES' because adolescence is a vulnerable period. If you can get them through that period of "safe times," as opposed to fast times or high times, when they are adults they will mimic good behavior," says Doctor Schubiner.

The survey includes questions about nine general areas. In clinical interviewing, "SAFE TIMES" is best used in reverse order. Thus, safety is the first category.

Doctor Schubiner finds that with just a little effort on the physician's part, most kids are very easy to talk to, and that difficulties in dealing with them are not as great as they are made out to be.

"Adolescents have a negative image in some ways, but most of the time they do fine, and are great kids," he says. "There are a few kids who won't answer anything at all, but the vast majority just need some explanation. They need to know the survey is confidential and that you are asking everyone these questions.

"You have to say 'I care about you as a whole person, not just your sore toe.' That is a very important message. The kids who do best in our society are the ones that have someone to care for them. It doesn't necessarily have to be their parents, but it has to be someone. This is one way to say, 'I care.' Kids don't know that doctors are interested in them unless they lay out the limits."

What may be more difficult than convincing adolescents to take part in Doctor Schubiner's screening is convincing physicians to use it. According to Doctor Schubiner, one problem is "that doctors are uncomfortable, they feel they don't know how to approach adolescents or they don't have the time." This is unfortunate, because just a little extra effort could make a significant difference.

"The object of the questionnaire and the follow-up work is not to tell adolescents what to do. The have lots of people telling them what to do," says Doctor Schubiner, "I prefer to just ask them questions and get them to think through the problem themselves." This approach means being informed and willing to listen. "We have to praise them and treat them more responsibly and then they tend to act that way," Doctor Schubiner adds.

By offering recognition when an adolescent is under pressure and offering options and ways to shield themselves from it, a physician can go to great lengths to further an adolescent's overall health. Doing these things is not complicated or time consuming, says Doctor Schubiner.

Chad Munger is a Chicago-based freelance writer.

Adolescent "Safe Times" Screening Mnemonic

S Sexuality
  a. Physiology of reproduction
  b. Extent of sexual activity, type of relationship, symptoms of STD
  c. Contraceptive planning

A { **Affect**
  a. Symptoms of depression ("feeling down or blue") or hopelessness ("discouraged about the future")

Abuse
  a. Use of tobacco, alcohol, marijuana, cocaine, other drugs

F Family
  a. Who the patient lives with and if there are any family conflicts or problems
  b. Family history — medical psychiatric

E Exam
  a. Self breast exam or self testicular exam (middle to late adolescence)
  b. Explain pelvic exam (if indicated)

T Timing of Development
  a. For early adolescents — "Is your development going too fast, too slow, or about the right speed?" and "Do you feel too tall, too short or about the right height?"
  b. For all, "Do you feel too thin, too heavy or about the right weight?"

I Immunizations
  a. Tetanus — diphtheria (Td) needed q 10 years
  b. Rubella for females if serology indicates need
  c. Measles if no documentation of live vaccine given after 1968
  d. PPD yearly for high risk groups
  e. Pneumovax, influenza if chronic disease

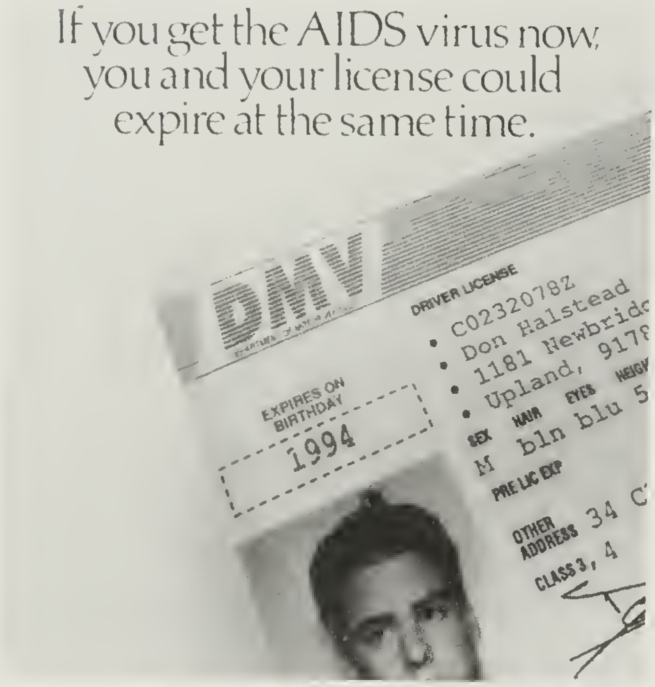
M Minerals
  a. Iron — by less than two servings of meats daily or by low Hct
  b. Calcium — required (especially in females) for those who drink less than 2-3 glasses of milk daily (ex. TUMS 3-4 tabs daily)
  c. Cholesterol — intake of fats, lipid levels

E Education, Employment
  a. If in school, what grades attained, any problems?
  b. Work history and future plans

S Safety
  a. Especially car safety, use of seat belts, drinking and driving, or accepting rides from drivers using drugs
  b. Motorcycles, mopeds, all terrain vehicles

Note: *"Safe Times," a method for preventive health screening for adolescents, was developed by Howard Schubiner, MD, Wayne State University. In clinical interviewing, "Safe Times" is best used in reverse order.*

Posters Help Educate Youth About AIDS/HIV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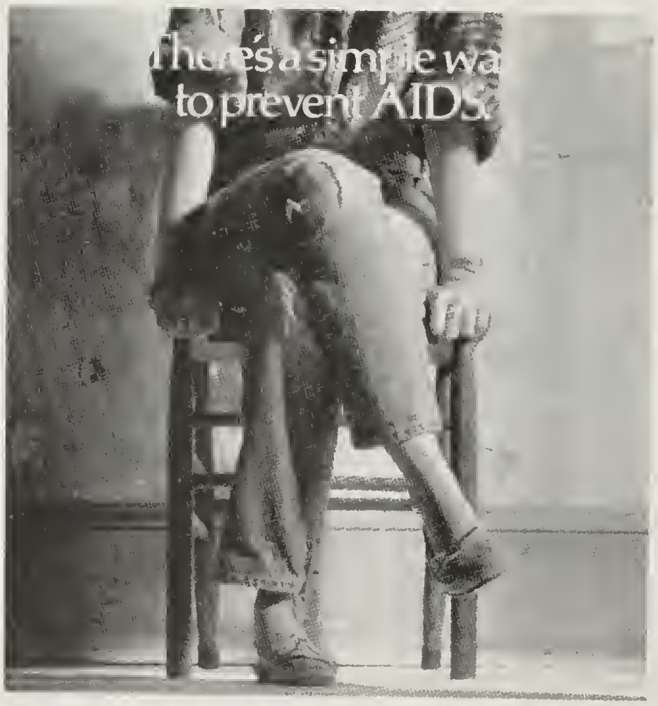
TO AIDS

Getting high doesn't ca
It just lets it happen

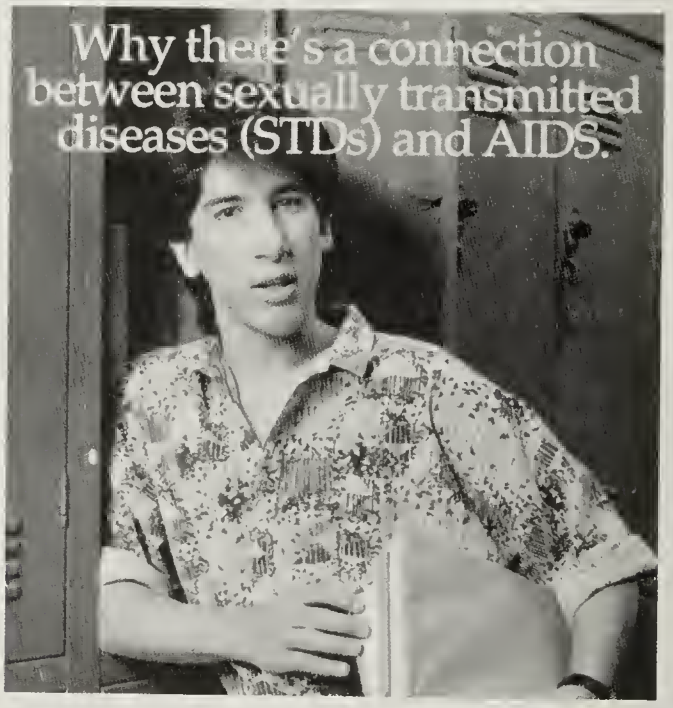
Find out more about how drug use and AIDS are related. Call the National AIDS hotline at 1-800-342-AIDS. The hotline for the hearing impaired is 1-800-AIDS-TTY.

AMERICA
RESPONDS
TO AIDS


There's a simple wa
to prevent AIDS.

You want to be risk-free from AIDS? Don't have sex. And as long as you aren't shooting drugs, you'll be fine. 1-800-342-AIDS.

AMERICA
RESPONDS
TO AIDS


Why there's a connection between sexually transmitted diseases (STDs) and AIDS.

You get STDs by having unprotected sex with someone who is infected. That's the same way you can get AIDS. Call 1-800-342-AIDS.

AMERICA
RESPONDS
TO AIDS

Posters are an effective vehicle for physicians to use to help educate youth about AIDS/HIV. The posters shown above are four of 13 posters available for free from the National AIDS Information Clearinghouse. To order, call 1-800-458-5231.

Cover Story

MSMS Offers A Physician's Guide to AIDS/HIV in Michigan

By Marcia A. Lamberts

According to former United States Surgeon General C. Everett Koop, MD, AIDS is a disease that will affect not only the minds and bodies of a few thousand people, but "the moral and ethical strength" of the medical profession itself. Doctor Koop's words are a challenge to all physicians to not only treat HIV-infected patients, but to actively participate in the war against AIDS.

Physicians can help stop the spread of AIDS, and the fear and stigma accompanying the disease, by educating themselves as well as the public. Simply presenting patients with information and suggestions for prevention is not enough to stop the spread of the disease, however. Definitive steps must be taken to also teach patients the skills and techniques necessary to effect a change in both attitude and behavior.

To assist physicians in their crucial role in this prevention-by-education process, the Michigan State Medical Society (MSMS) has published a 100-page resource manual entitled *A Physician's Guide: AIDS/HIV in Michigan.*

A complimentary copy of the manual was mailed to approximately 17,300 Michigan physicians and osteopaths in December.

AIDS/HIV in Michigan represents a singular cooperative effort by the MSMS AIDS Provider Education Task Force and contributors from over 20 Michigan health care and professional agencies. This extensive project was funded through a unique agreement with the Michigan Department of Public Health (MDPH) and co-sponsored by the federally funded East Central AIDS Education and Training Center (ECAETC). MSMS President, Robert E. Paxton, MD, describes the manual as a significant achievement by "Michigan organizations concerned about the progression of the AIDS epidemic in our communities and its impact on our health care system."

AIDS/HIV in Michigan was developed to equip physicians and other health care professionals with guidelines and resources with which to help change both patient attitude and behavior, and provide competent, compassionate treatment and services for all who request it. Pat Barr, Biomedical Communications, University of Michigan, writer and co-editor of the manual, states that *AIDS/HIV in Michigan* "represents the state-of-the-art in AIDS management, the latest in medical practice, and the legal, ethical, financial and emotional considerations of treating persons with HIV."

The manual presents complex, often technical information about AIDS/HIV in a comprehensive, yet easy-to-reference format. The five sections follow the progression of patient communication from the initial interview and HIV testing to treatment and follow-up care.

Copies of *AIDS/HIV in Michigan* can be obtained by calling 800/522-0399, or by sending $2.50 for postage, with checks made payable to the Michigan State Medical Society to: Professional AIDS Information Network, Michigan State Medical Society, 845 Livernois, Ferndale, MI, 48220.

Michigan State Medical Society also provides a 120-member AIDS Speakers Bureau to educate health care professionals in Michigan about AIDS/HIV. To arrange for a speaker, contact the AIDS Education Office, 517/337-1351. The Professional AIDS Information Network offers another valuable resource: a toll-free medical hotline for health care providers with questions about AIDS/HIV (800/522-0399). "Physicians have the opportunity and ability to take a strong leadership role" in the war against AIDS, says Doctor Bryant, MD, Chairman of the AIDS Provider Education Task Force. With the help of *AIDS/HIV in Michigan*, physicians are given the chance to accept that responsibility, and meet head-on the challenge of helping their patients protect themselves from exposure to the AIDS virus. ■

Marcia Lamberts is a Columbia, Missouri-based freelance writer.

MSMS AIDS Hotline

A Valuable Source for Michigan Physicians

By Judy Marr, Editor

Michigan physicians have help at their fingertips through the MSMS AIDS hotline. But Hotline Coordinator Liz McGough would like for them to use it more.

She'd like all practitioners to know of this ready reference for their questions on AIDS counseling, legalities, diagnosis and treatment.

And while the hotline is administered by MSMS, "it's intended to serve all kinds of health care providers," she adds.

The hotline was established by MSMS two years ago and is funded by MSMS through a Michigan Department of Public Health grant for professionals' AIDS education.

The hotline averaged 40 to 80 calls per month until new informed consent laws took effect April 1, 1989. They're now at approximately 100 per month.

McGough, the only staff for the hotline, works in the offices of Wellness Networks in Detroit. She fields calls on AIDS laws, treatment questions, discharge planning, and psychological help for the patient. Her hotline hours are 9 a.m. to 2 p.m. Monday-Friday. An answering machine takes calls on a 24-hour basis.

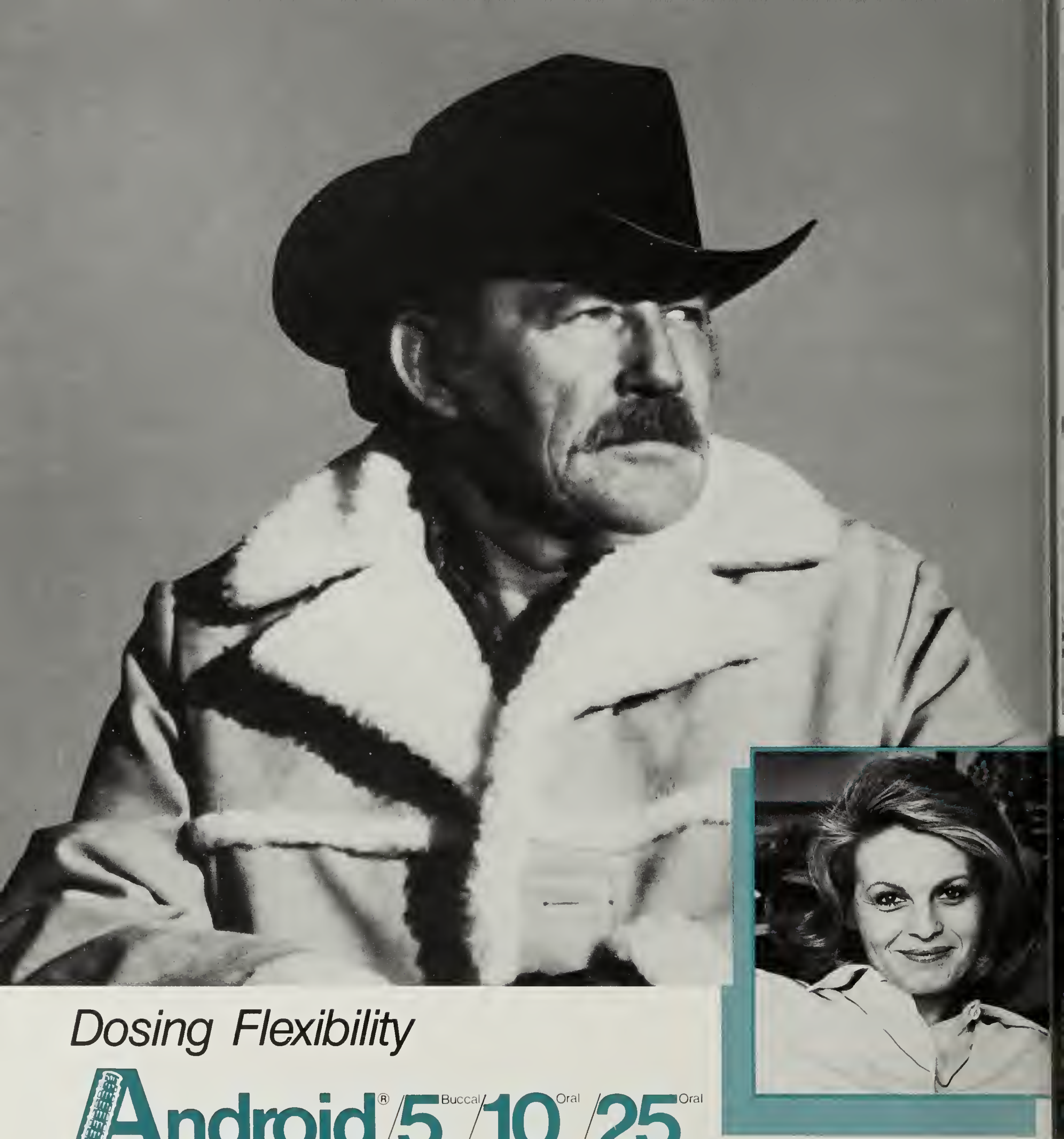
A key service McGough provides is literature searches through the AMA on-line computerized information network, AMA/Net. AMA/Net has a direct link to Medline and other national medical data sources.

She forwards technical questions she can't handle to a team of volunteer doctors, dentists, nurses and attorneys.

Another key service McGough provides is contact with community-based organizations to which physicians may refer AIDS patients.

"I track answers to questions, get the experts to call back, and put physicians in touch with helping groups," McGough offers.

She stands ready to help all physicians with questions about AIDS. The number to call? **1-800-522-0399**. If you are in the Detroit area, it's **542-0399.** ■



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COMPETITION

Here's what physicians can do to meet it

By George S. Conomikes

Editor's note: The following article is provided as a service of Physician Service Group, Inc., an MSMS subsidiary. The author is president of Conomikes Associates, a consulting firm which conducts workshops for Physician Service Group. For information on the workshops, contact Amy Fistler at (517) 337-1351.

Competition is increasing with more physicians coming out of the medical education pipeline.

Patient visits are down. Is this due to recession or to changes in patients' medical habits?

Fees are becoming fixed, reduced and negotiated.

The outlook, as they say, isn't exactly rosy. Yet we find some physicians seem to be faring better than others. The more fortunate physicians have some common threads of practice performance that seem to enhance their net results compared to their colleagues.

In this article I will identify and explain three major strategies or checkpoints physicians can utilize to improve in-office marketing with patients.

Quality of personnel

Front office employees are the first and last point of contact with your patients. If they put patient telephone calls on hold, don't listen carefully to patient-stated problems, don't make appointments that are convenient to the patients' schedules, and are too aggressive in collections, you will fare poorly. Patient satisfaction surveys pinpoint that dissatisfaction with personnel is the third greatest concern of patients, after physician communications and fees. All medical office personnel should be told that their salaries really come from patients, therefore their real employers are satisfied patients.

Consequently, employees should be carefully screened and selected to determine their communications and empathy skills. In our consulting work we have observed that the supposedly "tough but skilled" nurse turns patients away. The physician may overvalue technical competence, to the detriment of patient returns.

One important measure of the competence of the new employee who answers the phone and makes appointments is the "no show" rate. If your "no shows" increase, it specifically points weakness with the telephone/appointment scheduling employee.

Appearance of practice

We all judge a house, a building, an office, a reception room and people, based

A new physicians' network...

upon our first 15 seconds of visual contact. So do your patients. Therefore, your reception room conveys important messages to your patients, especially new patients. We recommend the use of a professional, commercial decorator to provide a professional appearance to your reception room, and an overall "look" for your business offices, exam rooms and hallways.

The reception room should have good lighting, carpeting, music (to screen out the front desk receptionist's conversation), and current magazines. It could employ subdued colors (beiges and browns). If the physician has won awards, commendations, or community service plaques, these should be displayed in the reception room. Patients like to deal with award-winners and community-involved professionals. Not long ago I was at an ob-gyn practice where the reception room displayed photos and plaques of the little-league teams (boys and girls) that the physician had coached. Patients looked at the pictures to try to spot their own or their neighbor's children. It was a definite patient-pleaser.

We feel that carpeting should be employed throughout most of the practice. It provides a good appearance, helps soundproof, and is easy to maintain.

Diplomas should be displayed in the hallways. They are more likely to be seen there than in the physician's office.

Employees can help the appearance of a practice. Uniforms minimize clothing competition among employees and many attractive uniforms, such as blazer-outfits, are available. In fact, we recommend that uniforms and/or lab-coats should be worn by *all* staff as well as by the physician.

Name tags with job titles help patients identify who they are dealing with. Doctors' uniforms could have their names sewn on, if badges get in the way. For the physician it provides another way to have his/her name seen by the patient. Repetition helps them remember you!

Communication

The "too busy" physician of the '60s and '70s was forced to spend less and less time with the patient. This resulted in habits which most physicians find difficult to break.

The number one complaint voiced in most patient surveys is "the doctor didn't spend enough time with me." I was at one practice where the physician was only seeing 15 to 20 patients per day but was still rushing in and out of exam rooms as if he were seeing twice that number.

Extend your time with patients. One way is to avoid putting the patient medical chart between you and the patient. Try to sit at an equal eyeball to eyeball level, especially on the first visit.

Listen to the patient, maintaining eye contact. After the patient has provided the problems and/or complaints, ask permission to write notes in the chart. If you dictate, dictate your findings in the patient's presence. You are now repeating your findings, extending your time with the patient, and bringing the patient into your medical art-form.

Many physicians always ask the patient if "there is anything else you want to bring to my attention." This tells the patient you are not in a hurry, and that you are thorough.

Try to explain what you are doing in your examination and what you are looking for. Patients like to be informed and treated as intellectual peers. It flatters them and you display your medical thoroughness. ■

George S. Conomikes is considered a leading authority on practice management. He is editor and publisher of Conomikes Reports, *and the author of a book entitled* Practice Management Techniques.

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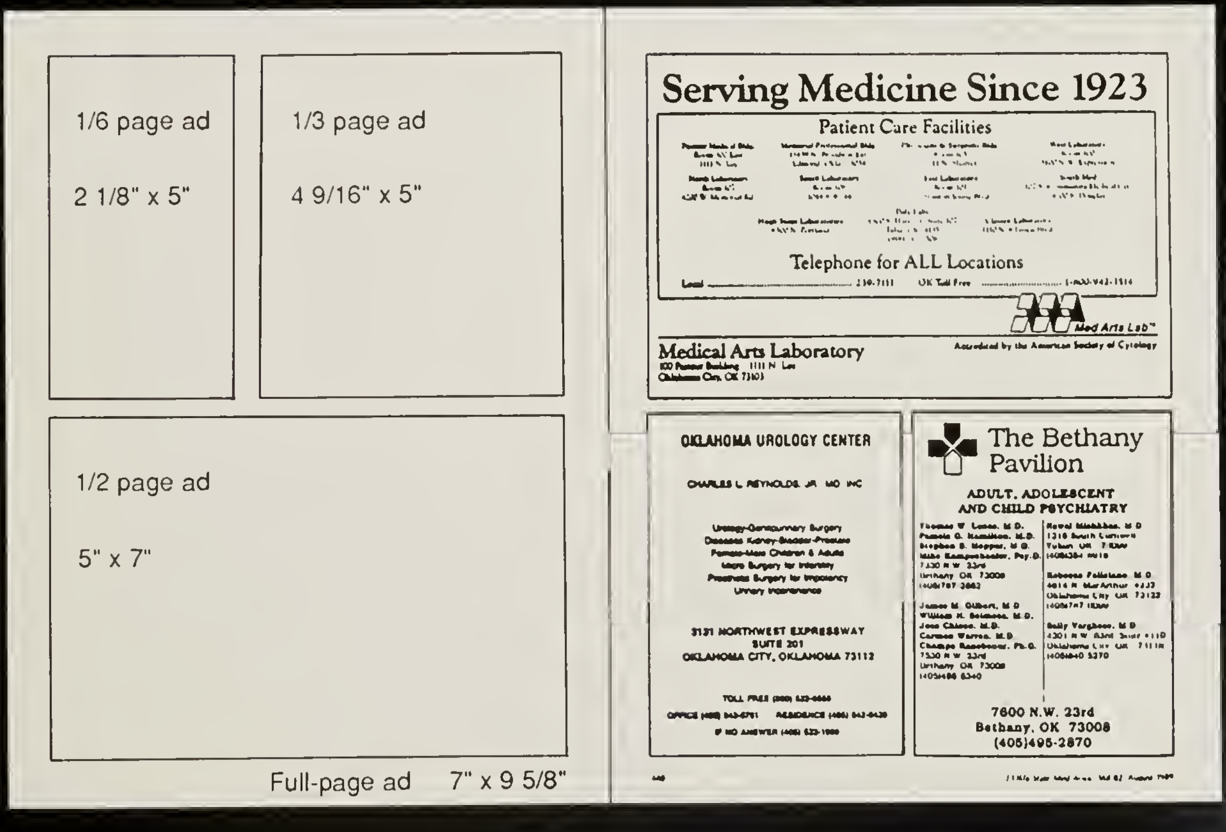

CHIC.

That's the way *they* see smoking. It's the message in the advertising they see every day: smoking is sophisticated, smart, part of the good life. Smoking helps these kids feel they "belong"... and that's what they want, desperately.

Meanwhile, tobacco-related illnesses result in over 350,000 premature deaths in this country every year. In fact, the annual death toll from cigarettes alone is greater than that from heroin, cocaine, alcohol, fire, automobile accidents, homicide, suicide and AIDS *combined*! Yet cigarettes are our *most heavily advertised* consumer product.

This must change! The AMA has been saying so for years, and we've won many victories in our war against tobacco. Warning labels on smokeless tobacco packages, an increased federal excise tax on cigarettes, a smoking ban on most domestic airline flights, and a television advertising ban for smokeless tobacco products. Yet children are still being seduced by the "glamour" of smoking.

As physicians, we share a responsibility for our nation's health. That's why the AMA is calling for legislation that would ban all tobacco advertising. And why we have testified before Congress to defend the constitutionality of such legislation.

To succeed in this effort—and in our work toward a tobacco-free society by the year 2000—we need your help. In return, we'll stand up for you on all issues that concern the medical profession.

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Sen. Richard Posthumus

A Fighter for West Michigan

By Chad B. Munger

"The most difficult question surrounding health care (in the 1990s) will be how much care do we provide, especially to those that are receiving care through some public program."

For most legislators, taking responsibility for the constituents in their own district is challenge enough. For Senator Richard Posthumus (R-Lowell), all of West Michigan is his concern.

Senator Posthumus, a West Michigan native (valedictorian of his Caledonia High School class), finds that although there are many problems common to all Michigan areas, greater Grand Rapids faces many problems of its own, despite its conservative, sometimes elitist reputation. The most serious of these problems, says Senator Posthumus, are the need for consolidation of many municipal services and unusually high Blue Cross/Blue Shield insurance rates.

"Right now I am involved in a couple of pieces of legislation which are important in the state, especially West Michigan," he says. "One is the metropolitan consolidation legislation. It allows a metropolitan area to come together in a metropolitan council to manage things like sewers, water lines and transportation. This is very important for West Michigan right now. Communities are interested in establishing a metropolitan council to help them administer those kinds of services which will be important for economic development.

As for the particularly high Blue Cross/Blue Shield rates in West Michigan, Senator Posthumus notes: "Blue Cross/Blue Shield insures about half the people in Michigan. Unfortunately, its market is not stratified evenly throughout the state. In Southeast Michigan, it provides 80 or 90 percent of the total coverage. In West Michigan, it provides only about 25 percent. What that means is that health care providers don't tend to be BCBSM participating providers in West Michigan. Among the population that has BCBSM coverage in outstate Michigan there is a tremendous difference between what they are charged for health care and what BCBSM is willing to pay."

A self-described progressive-conservative, Senator Posthumus was first exposed to politics while a student at Michigan State University, where he studied agricultural economics and public affairs management. As a freshman, Senator Posthumus quickly became friends of John Engler, who was then president of his dormitory and is now a fellow state senator. Posthumus worked on Engler's first bid for the legislature (which he won) in 1970. From that point on, Posthumus was hooked.

Amidst his work with the sugar beet farmers trade association and the Michigan Beef Industry Commission, Senator Posthumus found time to stay active in politics. For a time, he was third vice chairman of the state republican party.

Later, when Representative Bill Bryant was elected minority leader in the House, Posthumus was asked to come direct a portion of the House staff. This position solidified his interest in Michigan politics. And, when Bob Vanderlaan left his post in 1982, Posthumus successfully launched a campaign to replace him.

The senator's "active conservatism" is a political stance intended to replace banter with action. It is a style borrowed, in many respects, from two of America's most visible politicians — George Romney and Jack Kemp.

"George Romney is aggressive, he is what I consider to be a progressive-conservative. He is proactive; he doesn't wait for things to happen. A lot of people talk about making Michigan a great state. Romney has acted to help make Michigan a good state in which to live and do business. At the same time, Romney has the compassion I think is important for public officials. Conservatives are so often considered to have no compassion. I think Romney has the compassion needed to face Michigan's problems.

"Jack Kemp is a role model for similar reasons. I think he represents the progressive-conservative model that is leading the nation right now. It stresses individualism and opportunity rather than having government do a lot of things, and treating the opportunities in a way so that people at the lowest rung of the ladder can share in the American dream."

Senator Posthumus fears that the opportunity to share in the "Michigan dream" is threatened by government spending priorities and a phlegmatic attitude toward education.

"Several things need to be done to make Michigan a great place in which to live," he notes. "We (state government) are spending money to do things that are more for PR purposes, things that don't have any real impact on the state. I don't think we are giving education enough priority. We need more emphasis on K-12 education. As for higher education, we have kind of turned our back. Ten years ago we were in the top ten states in terms of expenditures in higher education. Now we are in the bottom third. If we are to continue to be a dynamic state,

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creating high tech jobs, we can't leave this aspect behind."

Maintaining Michigan's dynamic future means paying more attention to health care, Senator Posthumus explains. "I think health care will be one of the top two or three issues of the 1990s. During the 1980s, taxes and education seemed to be the emphasis. During the 1990s, I think the emphasis will be on health care and environmental issues. The overall concept of cost, availability, and systems delivery (in health care) will be discussed all over the country."

Questions for the future

Senator Posthumus poses three important questions for the 1990s: (1) How will we keep up with rising health care costs? (2) How much care is a person entitled to? and (3) How will that care be delivered?

Senator Posthumus sees the skyrocketing cost of high-tech medicine outstripping our ability to pay, especially for those that are not privately insured. To make an acceptable level of medical care affordable to everyone is the challenge.

Although he makes no predictions about the type of delivery system we can expect to evolve in the next decade, Senator Posthumus remains hopeful that it will be an enduring one. "I'm optimistic because I think there will be so much attention paid to this issue that by the end of the next decade we will have a system that will carry us throughout the next quarter or half century."

These are decisions which should not be left solely to lawmakers, and Senator Posthumus urges physicians to flex their political muscle in the formative years to come. "I think the need for involvement will be great in the next decade. We as public officials make decisions from a more narrow perspective and we need (physician) input. I think the mechanism for (physicians) to do that is already in place – through MSMS and county medical societies."

Getting what people want is important to Senator Posthumus. Receiving the support he needs to continue on as senator is also important. Aside from that, all Senator Posthumus hopes to do is make a difference. "Living the idea that your voice can make a difference, as small or large as that might be, is the most enjoyable part of my work." ■

Chad Munger is a Chicago-based freelance writer.

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PROM

Physician's Review Organization of Michigan

An unbiased voice for patients

By Chad Munger

The Physician's Review Organization of Michigan (PROM) is an unbiased voice for patients in the review of quality and necessity in medical care.

In the everyday practice of medicine there are numerous decisions made about a patient's care. When payment for treatment becomes the responsibility of an insurer, that insurer must find the line between necessary and defensive medical treatment. Often, that line is debated between those providing and receiving the service and those paying for it. When a conflict like this occurs an appeals process is set in motion. Most likely a physician employed by the insurer will review the medical records and consider the necessity of the treatment. This reviewer will determine whether payment for the treatment will be forthcoming.

For the practicing physician, it is difficult to be comfortable relying on the opinion of a physician employed by an insurer to make a fair and unbiased decision, whose tendency is naturally to deny payment.

To solve this, insurers have turned to an independent reviewer, one which is unbiased, fair, qualified and part of the practicing medical community – the Physician's Review Organization of Michigan (PROM).

"What PROM provides is an arena where opinions of practicing physicians are represented in the insurance claim appeals process," says Robert Prophater, MD, member of the PROM board of directors.

If a physician disagrees with a decision made by an insurer then there is an appeals process which ends with PROM, a neutral party, adds John Richards, director of PROM. "Even if a decision goes against the physician, at least it was done by someone not in the pay of the insurance company, which they (practicing physicians) perceive as having a stake in denying care," he says.

PROM is an organization of an independent board of MDs, DOs, the executive director of MSMS, an individual outside the health care professions and a large number of physicians who review cases denied by insurers and appealed by physicians.

Fairness a top priority

To achieve its goals and uphold its integrity within the medical community, PROM strives to fairly represent all kinds of medical training and interests. For example, the board of directors always includes a member of the public and has a tradition of having an osteopath as officer of the corporation.

The PROM board spends a great deal of its time examining the credentials of potential reviewers. Qualified, experienced reviewers are the cornerstone of PROM. Without an irreproachable pool of reviewers, PROM could not provide the unbiased and expert opinions required by both sides to make the appeals process palatable.

The reviewer selection process begins when an individual physician applies to the board to become a reviewer. Physicians generally are recruited from the various professional medical associations and groups around the state – including MSMS, the Michigan Association of Osteopathic Physicians & Surgeons, county medical societies, and specialty boards.

"Participating physicians are usually encouraged to become a part of the PROM review team by fellow physicians and those associated with PROM," says Marsha Milburn, MD, member of the PROM board of directors. At that point individuals are screened by the PROM board. Reviewers are selected for use on a case by case basis and many of the criteria for selecting a reviewer are related to the specifics of each case.

PROM has two unremitting qualifications for all reviewers. They must be practicing physicians, and they must be practicing and board certified in the same medical specialty as the physician being reviewed.

According to Edwin Doehring, DO, who represents DOs on the PROM board, "the most important qualification a physician can have to be a reviewer is to be clinically active. If they are not practicing, they will not review."

PROM reviewers are some of the most highly regarded physicians in the state and for the most part, are grateful to have the opportunity to review their peers.

"We have no difficulty getting doctors to review cases," says Doctor Prophater. "Basically, doctors are interested in patient care and the ones that I know are very happy to be a reviewer. It gives them hope that they may someday be judged the same way."

"Reviewers continue to review for quite a long time," adds Doctor Milburn, "at a volume of about three or four a month."

An outgrowth of MSMS

PROM is an outgrowth of an MSMS conviction that the determination of the appropriateness and necessity of medical care should be made in the hands of the clinically practicing physician. This is the underlying reason why PROM exists.

PROM was conceived during the late 1970s amidst discussions with Blue Cross/Blue Shield, Medicaid and other insurers about the cost of providing insurance to the health care industry. According to Richards, "their (insurers') concern was with cost as it related to value. They were concerned about the wide variances in practice patterns, and about getting a qualified opinion regarding the appropriateness and necessity of medical care." This is the niche PROM has filled.

At the same time, the federal government mandated the review of physician records at the primary level. PROM initially intended to do this job. However, the bid it placed on the government contract was denied. The result was a complete move to reviewing cases for private insurance companies at the appellate level.

PROM, unlike PROs, which handle federally-mandated review, has no enforcement power after it renders an opinion. It serves in a purely advisory role. This lack of enforcement power is significant, according to Richards, as it forces the quality of the reviewer's opinion to be above reproach. Insurance companies and physicians alike choose to accept the decisions made by PROM reviewers. They are in no way obligated, and without the perception of highest quality, PROM would have no business.

In 1989, PROM reviewed over 4,000 individual cases for a variety of insurers, HMOs and hospitals. PROM does not limit itself to review of cases in an institutional setting. Increasingly, it is becoming involved in ambulatory review, which is a much more difficult kind of case to evaluate because it is not always clear what services are being provided or in what manner they are being provided.

Difficult cases

Behavioral medicine and home health care are two areas which prove difficult to review, according to Doctor Prophater. "It is really a much more subjective decision in many cases. The home health care field is evolving rapidly, and the involvement in patient care is bringing about a great deal of change. Peer review is leading the way. Our concentration is more on quality of care than numbers."

In every type of review there are cases which do not have a single correct resolution. "There are a number of cases which we cannot call," says Richards. "Two reasonable people could easily disagree. Even though this decision is a legitimate one, it is sometimes very irritating to our customers."

The PROM approach relies heavily on the experience of the practicing physician and never on predetermined criteria or set rules for medical treatment, adds Richards. "Criteria are for insurance companies. Our physician reviewers look only at the management of the individual case. If anyone wanted their health care delivered by criteria, then there would be no need for us and people would be assigned physicians by insurance companies. We know that's not how the world works."

At times, PROM will do a review, make a recommendation, and an insurer will not agree with the decision. Insurers will sometimes ask to be reviewed by another PROM physician. PROM's position is to only re-review a case if the board of directors looks at the case and determines that an incorrect decision was made. PROM will not continue to review a case until an insurance company gets the answer it wants.

Beyond case review

In recent years, PROM has expanded its services beyond case review. It now applies its expertise to evaluation of quality on hospital medical staffs, high tech reimbursement and risk management programs.

Quality in a hospital medical staff has become a very hot issue in many institutions. Physicians are obligated to make decisions regarding the maintenance of quality as part of their staff responsibility, and at the same time avoid being accused of taking action for their own economic interests, according to Richards. PROM has expanded its services to include the review of quality issues for medical staff. PROM also is trying to develop, for hospitals, credentialing criteria which will help define a physician's responsibilities in a hospital.

In addition to credentialing and medical staff review, PROM has begun to work with insurance companies – in an advisory capacity – to determine the appropriate application of certain equipment or technology which is coming on line.

"Our role is to help the patient, not the third party payer," states Doctor Doehring. "What we are after is quality of care for patients." ■

Chad Munger is a Chicago-based freelance writer.

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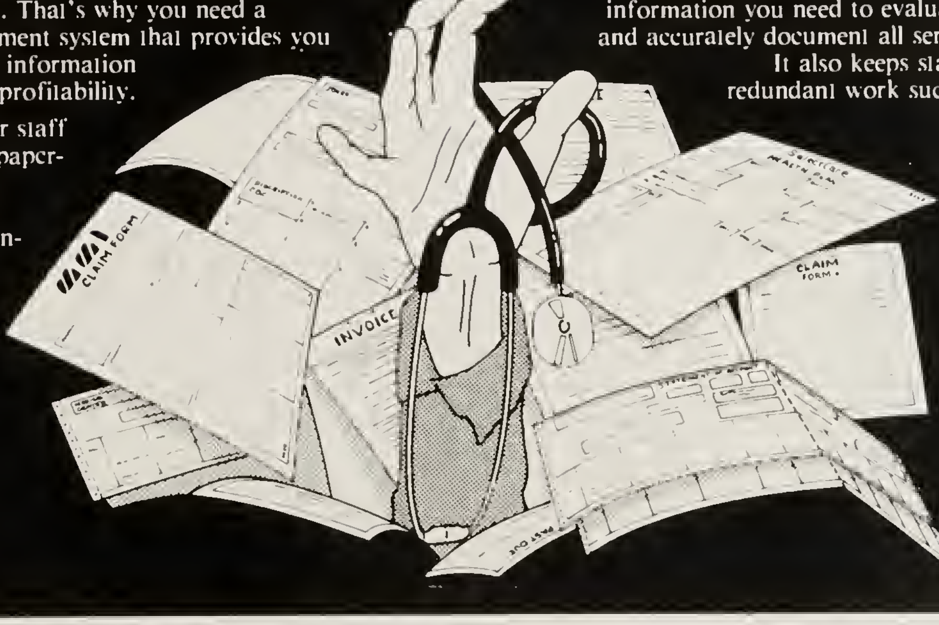

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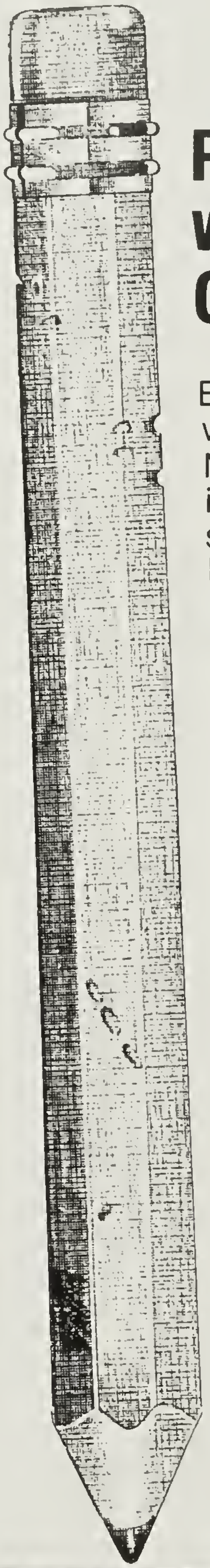

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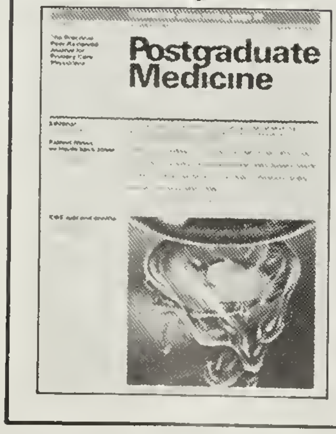

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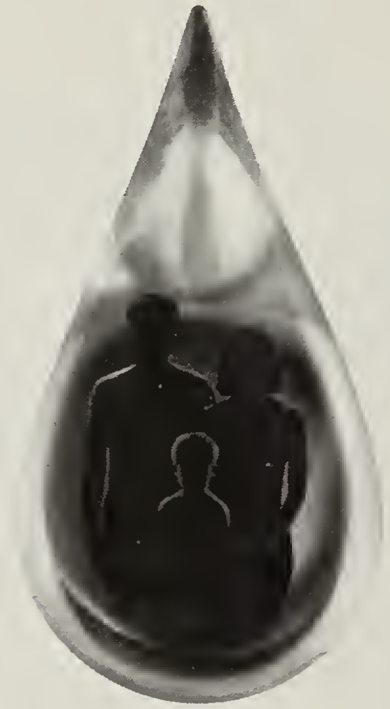

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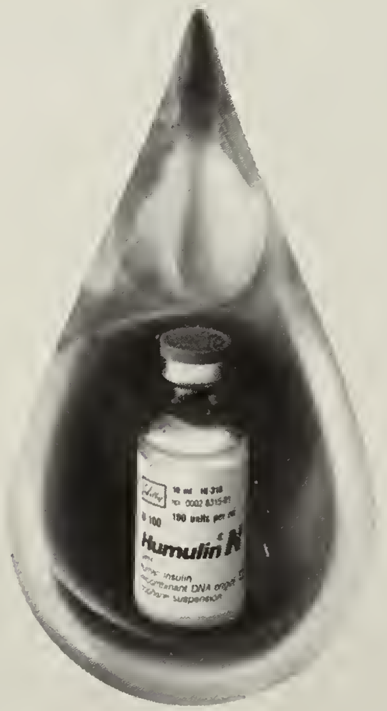

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Defensive Estate Planning
Through the Use of Trusts

By Julius H. Giarmarco, Esq.

In prior years, doctors who planned their estates were primarily concerned with reducing or eliminating death taxes, avoiding the costs and delays of probate and providing expert property management for their heirs. However, because malpractice premiums have increased to the point where many doctors now find themselves underinsured or without any liability insurance at all, estate planners now must also be concerned with protecting at least a portion of their doctor-clients' estates from potential malpractice claims. Three commonly used estate planning tools are gifting programs, revocable living trusts and irrevocable life insurance trusts. This article will attempt to outline the tax and non-tax advantages of such tools and techniques. In the explanations that follow, it is presumed that the establishment of a trust arrangement does not involve a fraudulent transfer.

Revocable living trusts

Two very important estate tax "shelters" are available to married couples. The two shelters are the marital deduction and the unified credit. The marital deduction permits an unlimited (100 percent) estate tax deduction for assets left to a surviving spouse. But the unified credit does not depend on leaving one's estate to his or her spouse. Every person has a unified credit. The credit is $192,800 and is equivalent to a $600,000 federal estate tax exemption. With proper planning, a married couple can pass up to $1.2 million to their children, free of federal estate tax.

The proper plan is to coordinate the unlimited marital deduction with full application of the unified credit to achieve a zero federal estate tax on the first spouse's death. The usual way to accomplish this is to establish a "credit shelter trust" within a revocable living trust. A revocable living trust is a relationship created during the lifetime of the grantor (the person establishing the trust), in which one party (the trustee) holds property for the benefit of another (the beneficiary). The grantor usually acts as the initial trustee of the living trust and retains the right to revoke the trust, amend it, and regain possession of the property in the trust. In the most common situation, upon the death of the grantor, the living trust becomes irrevocable and splits into two portions — a credit shelter trust and a marital trust.

Upon the death of the first spouse, the first $600,000 of the decedent's estate is assigned to the trustees of the credit shelter trust for the benefit of the surviving spouse and/or children and grandchildren. While the credit shelter trust does not by its terms qualify for the unlimited marital deduction, there is no federal estate tax due because of the unified credit. The balance of the decedent's estate is assigned to a marital trust for the benefit of the surviving spouse, which trust qualifies for the unlimited marital deduction. Therefore, no federal estate tax is due on the first death. There is considerable flexibility in designing the credit shelter and marital trusts. Your tax attorney can assist you in the precise design of these trusts.

The credit shelter trust is drafted so that whatever is in the trust at the surviving spouse's death will pass estate tax free to the children. Not just the $600,000 with which it began, but all appreciation thereon will pass tax free to the children as well. Moreover, the surviving spouse has his or her own $600,000 exemption still available. Therefore, by means of both spouses taking advantage of their unified credit, they are able to pass $1.2 million to their children free of federal estate taxes. Without a credit shelter trust, a $1.2 million estate would be subject to $235,000 in federal estate taxes upon the surviving spouse's death. That is why many estate planners refer to the federal estate tax as a "voluntary" tax. If you do no planning, you essentially are volunteering to pay the tax!

The tax advantages of a credit shelter trust should be apparent. Among the non-tax advantages to a living trust is the ability to avoid probate on assets held in trust at the grantor's death. Moreover, if properly drafted, a fully funded living trust can avoid the need for a conservatorship proceeding should the grantor become legally incapacitated. It should be emphasized, however, that assets placed in the doctor's revocable living trust are not protected from the doctor's creditors! This is because of the control exercised by the doctor over the trust.

While the doctor's living trust does not provide creditor protection, the doctor's spouse's living trust can offer such protection should the spouse predecease the doctor. Assume that a doctor has made lifetime gifts directly to his or her spouse to remove those assets from the doctor's estate and, therefore, from the reach of creditors. An added advantage of such transfers is to assure the utilization of the spouse's $600,000 exemption should the spouse die first. However, should the spouse predecease the doctor without having placed the gifted property in a credit shelter trust, two potential problems arise.

First, if the spouse's assets revert directly back to the doctor by will or state intestacy laws, the spouse's unified credit will have been wasted with the resulting increase in federal estate taxes explained above.

Second, if the assets are returned to the doctor, they again will become subject to the claims of the doctor's potential creditors. Moreover, the doctor could receive these assets at a time when any attempt to retransfer them would, in fact, be a fraudulent transfer. Therefore, the spouse's credit shelter trust serves a dual purpose. It reduces federal estate taxes should the spouse predecease the doctor and it creates a vehicle which allows the surviving spouse (i.e., the doctor) access to the funds, while at the same time protecting those assets from his or her creditors. Such protection results from the use of a "spendthrift" provision in the trust document. A spendthrift clause legally prevents the creditors of any beneficiary of a trust (other than a trust created for one's own benefit) from attaching or garnishing assets held in trust for the beneficiary.

Irrevocable life insurance trusts

The reasons for purchasing life insurance as part of an overall estate plan are twofold. First, insurance proceeds can be used to provide the necessary liquidity to pay death taxes and administration ex-

Continued on page 36

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Continued from previous page

penses. Second, life insurance proceeds can be used to produce income for a surviving spouse and children so as to replace the decedent's earned income. An irrevocable life insurance trust is the best way to protect a doctor's life insurance policies from creditors, while at the same time achieving substantial estate tax savings.

A properly drafted irrevocable trust is a separate legal entity and its assets (i.e., the insurance policy) are not considered owned by the grantor-insured. Therefore, creditors cannot reach the policies short of a fraudulent transfer. In a typical case, a doctor assigns his life insurance policies to an irrevocable trust. For tax reasons, neither the doctor-grantor nor his or her spouse should act as the trustee of the trust. The doctor may not retain any interest in the policies so transferred nor in the trust itself. The beneficiaries of the trust are the doctor's spouse and/or children. Future premiums on life insurance policies owned by the trust should be paid directly by the trustee from gifts made to the trust by the doctor. If properly structured, these gifts can qualify for the $10,000/$20,000 annual gift tax exclusion.

The typical irrevocable trust contains provisions identical to the grantor's credit shelter trust (see above). In essence, the trust provides a lifetime interest for the grantor's spouse and/or children, with a remainder of the children and/or grandchildren upon the surviving spouse's death. Moreover, with proper drafting the irrevocable trust can supply any needed liquidity to the doctor's estate by purchasing assets from the estate or loaning the insurance proceeds to the estate.

As a result, the insurance proceeds are not taxed in the doctor-grantor's gross estate because the doctor did not own the policy, and the proceeds are not included in the surviving spouse's estate by virtue of the trust's provisions. Thus, the insurance proceeds escape taxation until the death of the doctor's children and/or grandchildren. However, the Internal Revenue Code includes in an insured's gross estate all gifts of life insurance made by him or her within three years of death. While this rule cannot be avoided for existing policies, when a new policy is being purchased, it should be applied for the trustee of the irrevocable trust as the initial owner and beneficiary. This may help to keep the new policy outside the reach of the three year rule.

In summary, not only does an irrevocable trust shelter the grantor's life insurance contracts from potential creditors, but equally as important, the trust shelters the death benefits and cash values from estate taxes. The estate tax savings can be as high as 37 to 55 percent. Such a trust is particularly beneficial when the doctor's estate (including his or her life insurance) is over $1.2 million so that even with a credit shelter trust, taxes still will be due on the death of the surviving spouse.

Conclusion

Doctors who practice in specialties where there is a high risk of malpractice claims require special attention so that their assets may be protected from potential judgment creditors. In order to safeguard the wealth of a highly exposed doctor, the doctor's counsel must be aware of the applicable state law of fraudulent conveyances and the Federal Bankruptcy Code. While gifting is a valid technique to protect assets, caution must be exercised to avoid fraudulent transfers when making gifts. However, since gifting is also an important estate planning tool, one could argue that gifts (whether to a spouse, child or an irrevocable trust) were motivated by income, gift and estate tax concerns rather than by an intent to obstruct creditors. Therefore, it is important that the defensive estate planning process begin well before a claim arises. ■

Julius Giarmarco is a practicing tax attorney in Troy specializing in all areas of estate, business and pension planning. He is a frequent lecturer for MSMS.

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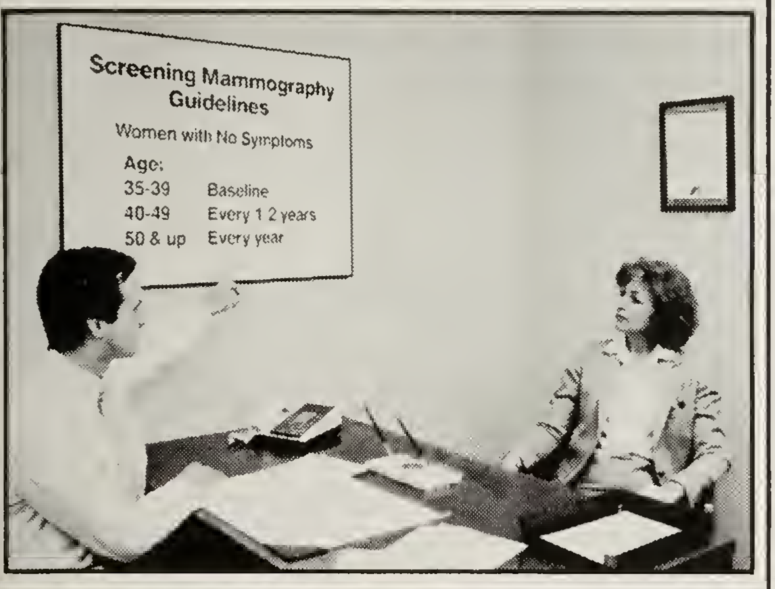

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Yohimbine exerts a stimulating action on the mood and may increase anxiety. Such actions have not been adequately studied or related to dosage although they appear to require high doses of the drug. Yohimbine has a mild anti-diuretic action, probably via stimulation of hypothalmic centers and release of posterior pituitary hormone.

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Indications: Yocon® is indicated as a sympathicolytic and mydriatric. It may have activity as an aphrodisiac.

Contraindications: Renal diseases, and patient's sensitive to the drug. In view of the limited and inadequate information at hand, no precise tabulation can be offered of additional contraindications.

Warning: Generally, this drug is not proposed for use in females and certainly must not be used during pregnancy. Neither is this drug proposed for use in pediatric, geriatric or cardio-renal patients with gastric or duodenal ulcer history. Nor should it be used in conjunction with mood-modifying drugs such as antidepressants, or in psychiatric patients in general.

Adverse Reactions: Yohimbine readily penetrates the (CNS) and produces a complex pattern of responses in lower doses than required to produce peripheral a-adrenergic blockade. These include, anti-diuresis, a general picture of central excitation including elevation of blood pressure and heart rate, increased motor activity, irritability and tremor. Sweating, nausea and vomiting are common after parenteral administration of the drug.[1,2] Also dizziness, headache, skin flushing reported when used orally.[1,3]

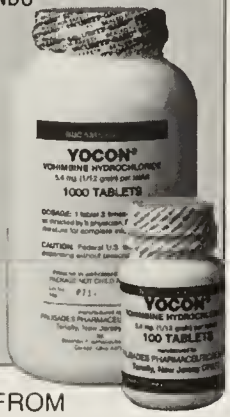
Dosage and Administration: Experimental dosage reported in treatment of erectile impotence.[1,3,4] 1 tablet (5.4 mg) 3 times a day, to adult males taken orally. Occasional side effects reported with this dosage are nausea, dizziness or nervousness. In the event of side effects dosage to be reduced to ½ tablet 3 times a day, followed by gradual increases to 1 tablet 3 times a day. Reported therapy not more than 10 weeks.[3]

How Supplied: Oral tablets of Yocon® 1/12 gr. 5.4 mg in bottles of 100's NDC 53159-001-01 and 1000's NDC 53159-001-10.

References:

1. A. Morales et al., New England Journal of Medicine: 1221. November 12, 1981.
2. Goodman, Gilman — The Pharmacological basis of Therapeutics 6th ed., p. 176-188. McMillan December Rev. 1/85.
3. Weekly Urological Clinical letter, 27:2, July 4, 1983.
4. A. Morales et al., The Journal of Urology 128: 45-47, 1982.

Rev. 1/85



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1990 Seminar Schedule

How to Run a More Profitable Practice
- February 7—*Dearborn Inn, Dearborn*
- February 8—*Amway Grand, Grand Rapids*

Financial Planning
- February 14—*Hyatt Regency, Dearborn*

Stress Management
- February 15—*Somerset Inn, Troy*

Medical Collections
- February 21—*Amway Grand, Grand Rapids*
- February 22—*Hyatt Regency, Dearborn*

Third Party Reimbursement
- March 6—*University Club, East Lansing*
- March 7—*Bay Valley Inn, Bay City*
- March 8—*Grand Traverse, Traverse City*
- October 3—*Hyatt Regency, Dearborn*
- October 4—*Amway Grand, Grand Rapids*

ICD-9-CM Diagnosis Coding
- March 20—*Amway Grand, Grand Rapids*
- March 21—*Fetzer Center, Kalamazoo*
- March 22—*Hyatt Regency, Dearborn*

Supervising and Managing People *(2-day seminar)*
- March 22-23—*Dearborn Inn, Dearborn*

Medicare Series
- March 27—*To be announced, Marquette*
- March 28—*Bay Valley Inn, Bay City*
- March 29—*Holiday Inn, Livonia*

Health Law Update *(½ day)*
- April 4—*Kellogg Center, East Lansing*
- October 3—*Hyatt Regency, Dearborn*

Successfully Working with People
- April 5—*Hyatt Regency, Dearborn*

Mastering the Paperwork Monster
- April 5—*Hyatt Regency, Dearborn*

Women Physicians
- April 7—*Detroit Institute of Arts, Detroit*

Evaluating an HMO Contract *(½ day)*
- April 12—*Novi Hilton, Novi*

Advanced Coding
- April 17—*Amway Grand, Grand Rapids*
- April 18—*Dearborn Inn, Dearborn*
- April 19—*Grand Traverse, Traverse City*
- October 23—*To be announced, Detroit area*
- October 24—*To be announced, Lansing*
- October 25—*To be announced, Bay City*

MSMS/BCBS Medicare *(½ day)*
- April 24—*To be announced, Detroit area*
- April 25—*Fetzer Center, Kalamazoo*
- April 26—*Grand Traverse, Traverse City*
- October 9—*Amway Grand, Grand Rapids*
- October 10—*To be announced, Bay City*
- October 11—*Weber Inn, Ann Arbor*

Marketing Strategies AMA
- May 9—*Holiday Inn, Livonia*

Defensive Planning *(½ day)*
- May 10—*The Townsend Hotel, Birmingham*

Protecting Your Practice *(½ day)*
- May 17—*Amway Grand, Grand Rapids*

Time Management
- May 17—*Hyatt Regency, Dearborn*

Starting Yourself in Medical Practice: Selecting an HMO or Private Practice
- June 8-9—*Weber Inn, Ann Arbor*
- September 14-15—*Hyatt Regency, Dearborn*

Conomikes Medical Office Management Institute *(5 day series)*
- August 6-10—*Grand Traverse, Traverse City*

Young Physicians
- To be announced

Retirement Planning
- October 17—*Hyatt Regency, Dearborn*
- October 18—*Amway Grand, Grand Rapids*

AMA/MSMS Office Staff Training
- November 13—*Hyatt Regency, Dearborn*
- November 14—*Hyatt Regency, Dearborn*
- November 15—*Hyatt Regency, Dearborn*
- November 16—*Hyatt Regency, Dearborn*

Please contact Amy Fistler for information on any of the above seminars, or contact Julie Morse to register for any of the above seminars at 120 W. Saginaw, East Lansing, MI 48826-0950. Telephone (517) 337-1351.

Earl Weston, MD

A Radio Liaison for Missionaries, Physicians Throughout the World

By Marcia A. Lamberts

"Anybody need W8BXO Detroit?"

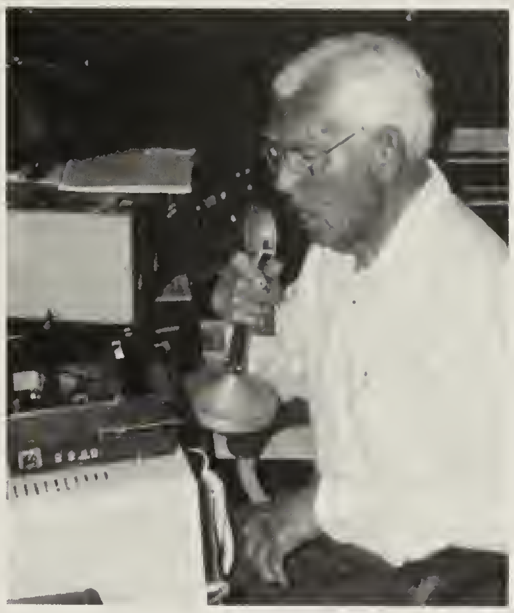
That's Earl Weston, MD, licensed radio amateur, signing on to the 2:00 p.m. "net," an international shortwave radio network. W8BXO is Doctor Weston's "call," a combination of letters and numbers used for radio identification.

Equipped with a transceiver – a transmitter and receiver in a single unit – and a giant antenna perched high atop a telephone pole in his backyard, Doctor Weston literally has the world at his fingertips. With the flip of a switch and the twist of a dial, he's able to transmit and receive calls from anywhere – from Bolivia to Australia, from Cameroon to the South Pole.

Operating daily from his radio "shack" – a cozy room tucked away in the basement of his Birmingham home – Doctor Weston acts as radio liaison for missionaries and physicians throughout the world; for some in isolated areas, communication with W8BXO is their sole contact with the outside world.

Many incoming calls are requests for medical or other emergency assistance. Over the years, they have ranged from a request for advice on where to send a young Argentinian patient with lupus, to a call from the (then) Belgian Congo about treatment for a man whose leg had been chewed by a lion, to receiving an electrocardiogram for assistance in diagnosis. When a missionary was killed by a shark in Nicaragua, it was Doctor Weston who was contacted via radio to relay the tragic news to the man's family in Grand Rapids.

More recently, when Hurricane Hugo struck the Caribbean in September 1989, Doctor Weston was the main radio contact for St. Croix; he fielded 146 calls from that island alone. After the October San Francisco earthquake, he received calls from as far away as Australia and South America – most frantic inquiries about the safety of family members and friends in California. He was able to radio through to San Francisco and acquire information for his callers at a time when telephone communication was virtually impossible. During this past Christmas, Doctor Weston was inundated with messages from troops in Panama sending Christmas wishes to parents back home in the states.



Born in River Rouge and raised in Highland Park, Earl Weston received his undergraduate and medical degrees from the University of Michigan. He was a staff member at Harper Grace Hospital, acted as medical director for the Vickers Division of Sperry Rand Corporation, and served as company physician for the Fred Sanders Company. Doctor Weston has served as president of both the Detroit and the Michigan Industrial Medical Association, and is a member of the American, Michigan and Wayne County medical societies. He also served as president of the Medical Amateur Radio Council (MARCO), an organization of over 600 physicians and other health care workers maintained to assist physicians working in remote areas of the world.

Doctor Weston was first licensed as a radio amateur in 1946, but he had been interested in ham radio since high school. "There was a radio amateur up the street from me that I used to visit," says Doctor Weston. "My Dad built a nice radio set...I used to stay up listening until all hours of the night."

Now that he's retired, Doctor Weston maintains his radio vigil every day, Monday through Friday, noon to 5:00 p.m. "My specialty has been talking to missionaries in Central and South America, and Africa," says the 79-year-old physician. Frequently he arranges for overseas missionaries to speak with family members back in the United States by means of a telephone patch – "patching" the transmitter onto a telephone line to allow direct communication between the parties. The doctor averages three telephone patches a day, although he has patched as many as 11 in a single afternoon. Last year he patched through over 800 telephone calls.

One reason for Doctor Weston's genuine fondness for ham radio is the fascinating assortment of calls he receives. "You have some interesting experiences," he says. Then he relates the story of a woman in a remote area of Peru who was bitten in the face by a venomous snake. There was no electricity nor ice with which to attempt treatment, and the woman's life was in serious jeopardy. A radio call to W8BXO in Detroit resulted in a telephone patch into the Poison Control Center in Atlanta. The woman's life was saved.

According to Doctor Weston, one of the most important calls he ever received was a May Day – distress call – from the Bahamas. A yacht carrying five passengers had been smashed against rocks during a storm and was sinking. Doctor Weston patched the Coast Guard directly through to the boat, and the passengers were rescued. By the next day, there was no trace of the boat.

For 44 years – almost half his life – Earl Weston has devoted his time to assisting people in need via his radio. "We do some people some good," he remarked with characteristic modesty, "and we have a lot of fun. My wife (Roxy) and I both enjoy it."

He affirmed that amateur radio has proven to be a two-way street. When the Westons themselves were traveling overseas, they were able to maintain communication with their own family via a short wave receiver.

It's 5:00 p.m., the end of another afternoon in the Birmingham "shack."

"I'll say 72s," says Doctor Weston, signing off the network. That's "Best Wishes" in ham lingo.

"W8BXO. CP5TZ. Roger. Ciao."

And "TU" to you, Doctor Weston. That's "Thank you." ■

Marcia Lamberts is a Columbia, Missouri-based freelance writer.

Editor's note: This article is the second in a series of articles on physician volunteers. Physicians who have volunteered their services abroad or here in Michigan are invited to submit articles about their experiences for publication in Michigan Medicine.

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Members of the Michigan State Medical Society join in welcoming the following new members into a progressive state medical organization. MSMS is dedicated to promoting the science and art of medicine, the protection of the public health, and the betterment of the medical profession. Each new member is encouraged to join other MSMS members at both local and state levels in achieving these goals.

Mohamed W. Al-Azem, MD — R
314 Stone Cliff Court
Saline 48176

John M. Armstead, MD — OBG
8411 Venoy
Wayne 48184

Gary T. Augustyn, MD — DR
655 N. Fifth Avenue
Ann Arbor 48104

Robert K. Cleary, MD — GS
5333 McAuley Dr. #R5115
Ypsilanti 48197

Richard M. Cover, MD — R
8140 Bel Cherrie
Traverse City 49684

Linda L. Crandall, MD — PD
25815 Harper
St. Clair Shores 48081

Jose P. de la Rosa, MD — IM/NEP
1295 S. Lake Mitchell Dr.
Cadillac 49601

Michael D. Driscoll, MD — FP
35 Oak Avenue
Zeeland 49464

Vidor E. Friedman, MD — EM
401 W. Greenlawn EM Dept.
Lansing 48910

M. M. Gazayerli, MD — GS/VS
1559 W. Big Beaver #E-18
Troy 48084

Thomas M. Hoffman, MD — FP
1136 N. Country Club Dr.
Hastings 49058

James Hsu, MD — EM
5761 Galvin Road
Traverse City 49684

David H. Janda, MD — ORS
5333 McAuley Drive #R2009
Ypsilanti 48197

Paul D. King, MD — DR
1311 N. Michigan
Saginaw 48603

DeAnn K. C. Kutzner, MD — OBG
815 Byrtle Avenue
St. Joseph 49085

Keith D. Marcus, MD — IM
601 Michigan Avenue
Holland 49427

Kenneth J. McNamee, MD — ORS
740 N. Macomb
Monroe 48161

Mary J. Milroy, MD — GS
G-1071 N. Ballenger #309
Flint 48504

Albert C. Moeller, MD — GS/CRS
G-1134 S. Linden Road
Flint 48532

Elizabeth L. Neubig, MD — IM
975 Plymouth SE
E. Grand Rapids 49506

Michael H. Otto, MD — ID/IM
5333 McAuley Dr. #R-3106
Ypsilanti 48197

Sunil P. Pandit, MD — AN
3121 Davenport
Saginaw 48602

Hanna M. E. Reincke, MD — N
5333 McAuley Dr. #R-4114
Ypsilanti 49198

Therron R. Scobbie, MD — PD
4200 Fashion Sq. Blvd.
Saginaw 48603

Scott I. Sircus, MD — U
42370 Van Dyke #102
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DEATHS

James H. Beaton, MD
Grand Rapids

James H. Beaton, MD, an obstetrician and gynecologist, died November 29, after suffering a stroke. He was 78. A graduate of Northwestern University Medical School, Doctor Beaton served his residency at Cook County Hospital in Chicago. He then began his practice in Grand Rapids and was on staff at Saint Mary's, Blodgett Memorial Medical Center, Ferguson, and North Ottawa Community hospitals. He also was active in the American College of Surgeons, the American Fertility Society, and the American College of Obstetricians/Gynecologists. In addition, he served as an associate clinical professor, gynecology, at the Michigan State University College of Human Medicine.

John D. Cantwell, Jr., MD
Port Huron

John D. Cantwell, Jr., MD, an anesthesiologist, died November 24. He was 67. Doctor Cantwell received his medical degree from the University of Michigan Medical School and served his residency at Jersey City Medical Center. He began his combined practice of general medicine and anesthesiology in 1949. He also served in the US Medical Corps as a medical naval lieutenant. Doctor Cantwell continued his private practice until his retirement in 1981. He was a member of the Michigan State Medical Society and the St. Clair County Medical Society, where he served as president in 1960. Doctor Cantwell was appointed chief of staff of Port Huron Hospital in 1965 and Mercy Hospital in 1973. He was the medical advisor of the SCC Chapter of Medical Assistants and the medical director for Evangelical Nursing Home from 1982-1987.

Gilbert J. Galens, MD
Birmingham

Gilbert J. Galens, MD, a rheumatologist, died of cancer November 28. He was 56. Doctor Galens graduated from the Wayne State University School of Medicine and served his residency at University Hospital in Ann Arbor. He was chief of rheumatology at William Beaumont Hospital, Royal Oak, and St. Joseph Mercy Hospital, Pontiac, since the mid-1960s.

D. Kent Hassan, MD
Buchanan

D. Kent Hassan, MD, a family practitioner, died after a heart attack on December 5. He was 64. Doctor Hassan received his medical degree from Indiana University and did his internship at South Bend Memorial Hospital. He began his practice in 1952 and retired in 1988. During his years of practice, Doctor Hassan served on the board of directors of the Berrien County Cancer Service. In addition, he was a member of the Berrien County Medical Society, where he was a past president.

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MEETINGS

MSMS Meetings

February

7,8, MSMS/PSG, How to Run a More Profitable Practice. 7th – Dearborn Inn, Dearborn, Michigan. 8th – Amway Grand, Grand Rapids, Michigan. Contact: Amy Fistler, Physician Service Group, Inc., assistant to general manager, (517) 337-1351 Ext. 65.

14, MSMS/PSG, Financial Planning, Hyatt Regency, Dearborn, Michigan. Contact: Amy Fistler, Physician Service Group, Inc., assistant to general manager, (517) 337-1351 Ext. 65.

15, MSMS/PSG, Stress Management, Somerset Inn, Troy, Michigan. Contact: Amy Fistler, Physician Service Group, Inc., assistant to general manager, (517) 337-1351 Ext. 65.

21,22, MSMS/PSG, Medical Collections. 21st – Amway Grand, Grand Rapids, Michigan. 22nd – Hyatt Regency, Dearborn, Michigan. Contact: Amy Fistler, Physician Service Group, Inc., assistant to general manager, (517) 337-1351 Ext. 65.

March

6,7,8, MSMS/PSG, Third Party Reimbursement. 6th – University Club, East Lansing, Michigan. 7th – Bay Valley Inn, Bay City, Michigan. 8th – Grand Traverse Resort, Traverse City, Michigan. Contact: Amy Fistler, Physician Service Group, Inc., assistant to general manager, (517) 337-1351 Ext. 65.

20,21,22, ICD-9-CM Diagnosis Coding. 20th – Amway Grand, Grand Rapids, Michigan. 21st – Fetzer Center, Kalamazoo, Michigan. 22nd – Hyatt Regency, Dearborn, Michigan. Contact: Amy Fistler, Physician Service Group, Inc., assistant to general manager, (517) 337-1351 Ext. 65.

21-22, Michigan Conference on Maternal and Perinatal Health: "Perinatal Care: Access, Answers, Accountability," Hyatt Regency, Dearborn, Michigan. Contact: Sherry L. Fent, chief, physician education, (517) 337-1351 Ext. 29.

22,23, Supervising and Managing People, Dearborn Inn, Dearborn, Michigan. Contact: Amy Fistler, Physician Service Group, Inc., assistant to general manager, (517) 337-1351 Ext. 65.

27,28,29, Medicare Series. 27th – Holiday Inn, Marquette, Michigan. 28th – Bay Valley Inn, Bay City, Michigan. 29th – Holiday Inn, Livonia, Michigan. Contact: Amy Fistler, Physician Service Group, Inc., assistant to general manager, (517) 337-1351 Ext. 65.

April

4, MSMS/PSG, Health Law Update, Kellogg Center, East Lansing, Michigan. Contact: Amy Fistler, Physician Service Group, Inc., assistant to general manager, (517) 337-1351 Ext. 65.

5, MSMS/PSG, Successfully Working with People, Hyatt Regency, Dearborn, Michigan. Contact: Amy Fistler, Physician Service Group, Inc., assistant to general manager, (517) 337-1351 Ext. 65.

5, MSMS/PSG, Mastering the Paperwork Monster, Hyatt Regency, Dearborn, Michigan. Contact: Amy Fistler, Physician Service Group, Inc., assistant to general manager, (517) 337-1351 Ext. 65.

7, MSMS/PSG, Women Physicians, Detroit Institute of Arts, Detroit, Michigan. Contact: Amy Fistler, Physician Service Group, Inc., assistant to general manager, (517) 337-1351 Ext. 65.

12, Evaluating an HMO Contract, Novi Hilton, Novi, Michigan. Contact: Amy Fistler, Physician Service Group, Inc., assistant to general manager, (517) 337-1351 Ext. 65.

17,18,19, Advanced Third Party. 17th – Amway Grand, Grand Rapids, Michigan. 18th – Dearborn Inn, Dearborn, Michigan. 19th – Grand Traverse Resort, Traverse City, Michigan. Contact: Amy Fistler, Physician Service Group, Inc., assistant to general manager, (517) 337-1351 Ext. 65.

24,25,26, MSMS/BCBS Medicare. 24th – To be announced, Detroit area. 25th – Fetzer Center, Kalamazoo, Michigan. 26th – Grand Traverse Resort, Traverse City, Michigan. Contact: Amy Fistler, Physician Service Group, Inc., assistant to general manager, (517) 337-1351 Ext. 65.

May

4-6, MSMS Board of Directors and House of Delegates, Hyatt Regency, Dearborn, Michigan. Contact: William E. Madigan, MSMS executive director, (517) 337-1351, Ext. 34.

9, MSMS/PSG, Marketing Strategies AMA, Holiday Inn, Livonia, Michigan. Contact: Amy Fistler, Physician Service Group, Inc., assistant to general manager, (517) 337-1351 Ext. 65.

10, Defensive Planning, The Townsend Hotel, Birmingham, Michigan. Contact: Amy Fistler, Physician Service Group, Inc., assistant to general manager, (517) 337-1351 Ext. 65.

17, Protecting Your Practice, Amway Grand, Grand Rapids, Michigan. Contact: Amy Fistler, Physician Service Group, Inc., assistant to general manager, (517) 337-1351 Ext. 65.

17, Time Management, Hyatt Regency, Dearborn, Michigan. Contact: Amy Fistler, Physician Service Group, Inc., assistant to general manager, (517) 337-1351 Ext. 65.

June

8,9, AMA's Starting Yourself in Medical Practice: Selecting an HMO or Private Practice, Weber Inn, Ann Arbor, Michigan. Contact: Amy Fistler, Physician Service Group, Inc., assistant to general manager, (517) 337-1351 Ext. 65.

August

6-10, MSMS/PSG, Conomikes Medical Office Management Institute, Grand Traverse Resort, Traverse City, Michigan. Contact: Amy Fistler, Physician Service Group, Inc., assistant to general manager, (517) 337-1351 Ext. 65.

September

14,15, AMA's Starting Yourself in Medical Practice: Selecting an HMO or Private Practice, Hyatt Regency, Dearborn, Michigan. Contact: Amy Fistler, Physician Service Group, Inc., assistant to general manager, (517) 337-1351 Ext. 65.

October

3, MSMS Health Law Update, Hyatt Regency, Dearborn, Michigan. Contact: Amy Fistler, Physician Service Group, Inc., assistant to general manager, (517) 337-1351 Ext. 65.

3,4, MSMS/PSG, Third Party Reimbursement. 3rd – Hyatt Regency, Dearborn, Michigan. 4th – Amway Grand, Grand Rapids, Michigan. Contact: Amy Fistler, Physician Service Group, Inc., assistant to general manager, (517) 337-1351 Ext. 65.

9,10,11, MSMS/BCBS Medicare. 9th – Amway Grand, Grand Rapids, Michigan. 10th – Bay Valley Inn, Bay City, Michigan. 11th – Weber Inn, Ann Arbor, Michigan. Contact: Amy Fistler, Physician Service Group, Inc., assistant to general manager, (517) 337-1351 Ext. 65.

17,18, Retirement Planning. 17th – Hyatt Regency, Dearborn, Michigan. 18th – Amway

Continued on page 44

MEETINGS

Continued from previous page

Grand, Grand Rapids, Michigan. Contact: Amy Fistler, Physician Service Group, Inc., assistant to general manager, (517) 337-1351 Ext. 65.

23,24,25, Advanced Coding. 23rd – Dearborn Inn, Dearborn. 24th – Kellogg Center, East Lansing, Michigan. 25th – Bay Valley Inn, Bay City, Michigan. Contact: Amy Fistler, Physician Service Group, Inc., assistant to general manager, (517) 337-1351 Ext. 65.

November

13-16, AMA/MSMS, ASM Office Staff Training, Hyatt Regency, Dearborn, Michigan. Contact: Amy Fistler, Physician Service Group, Inc., assistant to general manager, (517) 337-1351 Ext. 65.

AMA Meetings

February

8-10, Sixth Annual Conference on Clinical Medical Education, Phoenix, AZ, Contact: American Medical Association, Dept. of Public Information, 535 North Dearborn St., Chicago, IL 60610. (312) 645-5382.

24-26, National Leadership Conference, Phoenix, AZ, Contact: American Medical Association, Dept. of Public Information, 535 North Dearborn St., Chicago, IL 60610. (312) 645-4443.

April

5-8, Tenth Annual Health Reporting Conference, Denver, CO, Contact: Jill Stewart, American Medical Association, Dept. of Public Information, 535 North Dearborn St., Chicago, IL 60610. (312) 645-5484.

June

24-28, AMA 1990 Annual Meeting, Chicago, IL, Contact: American Medical Association, Dept. of Public Information, 535 North Dearbron St., Chicago, IL 60610. (312) 645-5000.

Michigan Specialty Society Meetings

March

7, Michigan Association for Medical Education Meeting. East Lansing, MI. Contact: Viola Heins, Physician Service Group, Inc., account executive, (517) 337-1351 Ext. 56.

17, The Psychoanalytic Process: Developmental or Integrative? Southfield, MI. Contact: Shirley Seffinger or Collen Jaeger, Michigan Psychoanalytic Society, 16310 W. Twelve Mile Rd., Suite 204, Southfield, MI 48076. (313) 557-8633 or (313) 559-5855.

April

10-13, Michigan Society Respiratory Care Spring Meeting. Southfield, MI. Contact: Caroline Kimmel, Physician Service Group, Inc., account executive, (517) 337-1351 Ext. 57.

21, Michigan Society of Anesthesiologists Spring Meeting, Novi, MI. Contact: Caroline Kimmel, Physician Service Group, Inc., account executive, (517) 337-1351 Ext. 57.

National Specialty Society Meetings

February

1-3, American College of Obstetricians and Gynecologists, Intrapartum Fetal Evaluation, Snowbird, UT. Contact: ACOG Registrar, (800) 673-8444.

9, Michigan Chapter, American Academy of Pediatrics, Medical Issues in the Day Care Setting, Radisson Resort & Conference Center, Ypsilanti, MI. Contact: Neal R. Weinberg, MD, 3075 Clark Road, Suite 301, Ypsilanti, MI 48197. (313) 434-3000.

16-18, Pediatrics in Progress, San Francisco, CA. Contact: CME Registration, Department of Education, American Academy of Pediatrics, P. O. Box 927, Elk Grove Village, IL 60009-0927. Toll-free (800) 433-9016, Ext. 7657.

22-24, American Academy of Family Physicians Conference. New Orleans AIDS Conference: Management of HIV Disease for the Primary Care Physician, New Orleans, LA. Contact: Doctor Sandra Mahkorn, (504) 362-9355.

22-25, The Eighth Annual International Symposium on Man and His Environment in Health and Disease, Dallas, TX. Contact: American Environmental Health Foundation, Inc., 8345 Walnut Hill Lane, Suite 205, Dallas, TX 75231-4262. (214) 361-9515.

March

1-3, American College of Obstetricians and Gynecologists, Advanced Colposcopy, Las Vegas, NV. Contact: ACOG Registrar, (800) 673-8444.

14-18, Wayne State University School of Medicine, Harper Hospital, St. John Hospital, Head and Neck Rehabilitation Institute-Indianapolis, Prentis Comprehensive Cancer Center American Cancer Society (Michigan Division), Head and Neck Cancer Rehabilitation International Conference and Workshop, Ritz Carlton Hotel, Dearborn, MI. Contact: Wayne State University, School of Medicine, Department of Otolaryngology, 4201 St. Antoine, 5E-UHC, Detroit, MI 48201. (313) 577-0804.

15-17, American College of Obstetricians and Gynecologists, Common Problems in Obstetrics and Gynecology, New York, NY. Contact: ACOG Registrar, (800) 673-8444.

29-31, American College of Obstetricians and Gynecologists, Urogynecology, New Orleans, LA. Contact: ACOG Registrar, (800) 673-8444.

April

5-7, American College of Obstetricians and Gynecologists, AIDS, HPV, and Other Viral Infections, Washington, DC. Contact: ACOG Registrar, (800) 673-8444.

5-7, American College of Obstetricians and Gynecologists, Office Gynecology, Montreal, PQ. Contact: ACOG Registrar, (800) 673-8444.

Other Meetings

February

11-16, Fifteenth Annual Seminar on Emergencies in Medicine. Contact: Robert F. Wilson, MD, FACS, Department of Surgery, Detroit Receiving Hospital, 4201 St. Antoine, Detroit, MI 48201. (313) 745-3484.

March

9-11, 46th Annual Midwest Clinical Conference. Contact: Christine Ricker, Assistant Director, Meeting Management, Chicago Medical Society, 515 North Dearborn Street, Chicago, IL 60610. (312) 670-2500.

April

23-24, Michigan Association for Infant Mental Health, 14th Annual Conference: "Everybody Comes From a Family: Nurturing Through the Life Cycle," University of Michigan, Ann Arbor, Michigan. Contact: The University of Michigan Extension Service, Conference Department, 200 Hill Street, Ann Arbor, Michigan 48104-3297. (313) 764-5304.

CATEGORY I COURSES

Michigan Medicine each month carries a list of opportunities in Michigan for doctors of medicine to obtain Category I credit toward meeting the requirements of Michigan law. Sponsors of Category I programs and courses in Michigan are invited to submit information for the monthly calendar. Each listing below, of programs that carry at least three hours of Category I credit, indicates a contact person so the physician can obtain information. Physicians with questions about accredited programs may phone MSMS headquarters, (517) 337-1351.

February

23, Basic Life Support for Health Professionals. Location: Towsley Center, Ann Arbor, Michigan. **Sponsor:** University of Michigan Medical School. **Contact:** Karen Brown, Office of Continuing Medical Education, G-1100 Towsley Center-Box 0201, University of Michigan Medical School, Ann Arbor, MI 48109-0201. (313) 763-1400. **Approved for:** 5 hours Category I Credit.

23-25, Advanced Cardiac Life Support Instructor Course. Location: Towsley Center, Ann Arbor, Michigan. **Sponsor:** University of Michigan Medical School. **Contact:** Karen Brown, Office of Continuing Medical Education, G- 1100 Towsley Center-Box 0201, University of Michigan Medical School, Ann Arbor, MI 48109-0201. (313) 763-1400. **Approved for:** 21 hours Category I Credit.

24, Advanced Cardiac Life Support Recertification Course. Location: Towsley Center, Ann Arbor, Michigan. **Sponsor:** University of Michigan Medical School. **Contact:** Karen Brown, Office of Continuing Medical Education, G-1100 Towsley Center-Box 0201, University of Michigan Medical School, Ann Arbor, MI 48109-0201. (313) 763-1400. **Approved for:** 7 hours Category I Credit.

March

5-6, Epilepsy Advances. Location: Towsley Center, Ann Arbor, Michigan. **Sponsor:** University of Michigan Medical School. **Contact:** Debbie DeSmyther, Program Assistant, Office of Continuing Medical Education, G- 1100 Towsley Center-Box 0201, University of Michigan Medical School, Ann Arbor, MI 48109-0201. (313) 763-1400. **Approved for:** 14 hours Category I Credit.

9-11, The 10th Annual Advances in the Management of Infectious Diseases: Update. Location: South Seas Plantation, Captiva Island, FL. **Sponsor:** University of Michigan Medical School. **Contact:** Gayle Fox, Program Assistant, Office of Continuing Medical Education, G-1100 Towsley Center-Box 0201, University of Michigan Medical School, Ann Arbor, MI 48109-0201. (313) 763-1400. **Approved for:** 12 hours Category I Credit.

17-24, Facial Cutaneous Surgery: Mohs, Reconstructive, Cosmetic. Location: Copper Mountain Resort, Copper Mountain, CO. **Sponsor:** University of Michigan Medical School. **Contact:** Debra DeSmyther, Program Assistant, Office of Continuing Medical Education, G-1100 Towsley Center-Box 0201, University of Michigan Medical School, Ann Arbor, MI 48109-0201. (313) 763-1400. **Approved for:** 30 hours Category I Credit.

20-24, Family Practice - 1990, Fourteenth Annual Spring Review Course. Location: Towsley Center, Ann Arbor, Michigan. **Sponsor:** University of Michigan Medical School. **Contact:** Gayle Fox, Program Assistant, Office of Continuing Medical Education, G-1100 Towsley Center-Box 0201, University of Michigan Medical School, Ann Arbor, MI 48109-0201. (313) 763-1400. **Approved for:** 35 hours Category I Credit.

29-30, Challenges and Changes: Obstetrics and Gynecology in the 1990's. Location: Towsley Center, Ann Arbor, Michigan. **Sponsor:** University of Michigan Medical School. **Contact:** Betty Phillips, Program Assistant, Office of Continuing Medical Education, G-1100 Towsley Center-Box 0201, University of Michigan Medical School, Ann Arbor, MI 48109-0201. (313) 763-1400. **Approved for:** 15 hours Category I Credit.

April

18-20, Ultrasound In Obstetrics and Gynecology. Location: Towsley Center, Ann Arbor, Michigan. **Sponsor:** University of Michigan Medical School. **Contact:** Gayle Fox, Program Assistant, Office of Continuing Medical Education, G-1100 Towsley Center-Box 0201, University of Michigan Medical School, Ann Arbor, MI 48109-0201. (313) 763-1400. **Approved for:** 21 hours Category I Credit.

20, Basic Life Support for Health Professionals. Location: Towsley Center, Ann Arbor, Michigan. **Sponsor:** University of Michigan Medical School. **Contact:** Karen Brown, Office of Continuing Medical Education, G-1100 Towsley Center-Box 0201, University of Michigan Medical School, Ann Arbor, MI 48109-0201. (313) 763-1400. **Approved for:** 5 hours Category I Credit.

21-22, Advanced Cardiac Life Support Recertification Course. Location: Towsley Center, Ann Arbor, Michigan. **Sponsor:** University of Michigan Medical School. **Contact:** Karen Brown, Office of Continuing Medical Education, G-1100 Towsley Center-Box 0201, University of Michigan Medical School, Ann Arbor, MI 48109-0201. (313) 763-1400. **Approved for:** 16 hours Category I Credit.

May

2-4, Advances in CT and MRI. Location: Towsley Center, Ann Arbor, Michigan. **Sponsor:** University of Michigan Medical School, Department of Radiology. **Contact:** Betty Phillips, Program Assistant, Office of Continuing Medical Education, G-1100 Towsley Center-Box 0201, University of Michigan Medical School, Ann Arbor, MI 48109-0201. (313) 763-1400. **Approved for:** 22 hours Category I Credit.

8-11, 18th Annual Spring Update: Advances in Internal Medicine. Location: Towsley Center, Ann Arbor, Michigan. **Sponsors:** University of Michigan Medical School, Department of Internal Medicine. **Contact:** Gayle Fox, Program Assistant, Office of Continuing Medical Education, G-1100 Towsley Center-Box 0201, University of Michigan Medical School, Ann Arbor, MI 48109-0201. (313) 763-1400. **Approved for:** 32 hours Category I Credit.

11, Basic Life Support for Health Professionals. Location: Towsley Center, Ann Arbor, Michigan. **Sponsor:** University of Michigan Medical School. **Contact:** Karen Brown, Office of Continuing Medical Education, G-1100 Towsley Center-Box 0201, University of Michigan Medical School, Ann Arbor, MI 48109-0201. (313) 763-1400. **Approved for:** 16 hours Category I Credit.

12, Advanced Cardiac Life Support Recertification Course. Location: Towsley Center, Ann Arbor, Michigan. **Sponsor:** University of Michigan Medical School. **Contact:** Karen Brown, Office of Continuing Medical Education, G-1100 Towsley Center-Box 0201, University of Michigan Medical School, Ann Arbor, MI 48109-0201. (313) 763-1400. **Approved for:** 7 hours Category I Credit.

17-18, The Restenosis Summit II. Location: Towsley Center, Ann Arbor, Michigan.

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CATEGORY I COURSES

Continued from previous page

Sponsors: University of Michigan Medical School, Division of Cardiology, Department of Internal Medicine. **Contact:** Debra DeSmyther, Program Assistant, Office of Continuing Medical Education, G-1100 Towsley Center-Box 0201, University of Michigan Medical School, Ann Arbor, MI 48109-0201. (313) 763-1400. **Approved for:** 16 hour Category I Credit.

June

4-8, Microvascular Workshop for Otolaryngologists and Head and Neck Reconstructive Surgeons. Location: Towsley Center, Ann Arbor, Michigan. **Sponsors:** University of Michigan Medical School, Department of Otolaryngology - Head and Neck Surgery, and the American Academy of Facial Plastic and Reconstructive Surgery. **Contact:** Debra DeSmyther, Program Assistant, Office of Continuing Medical Education, G-1100 Towsley Center-Box 0201, University of Michigan Medical School, Ann Arbor, MI 48109-0201. (313) 763-1400. **Approved for:** 41 hours Category I Credit.

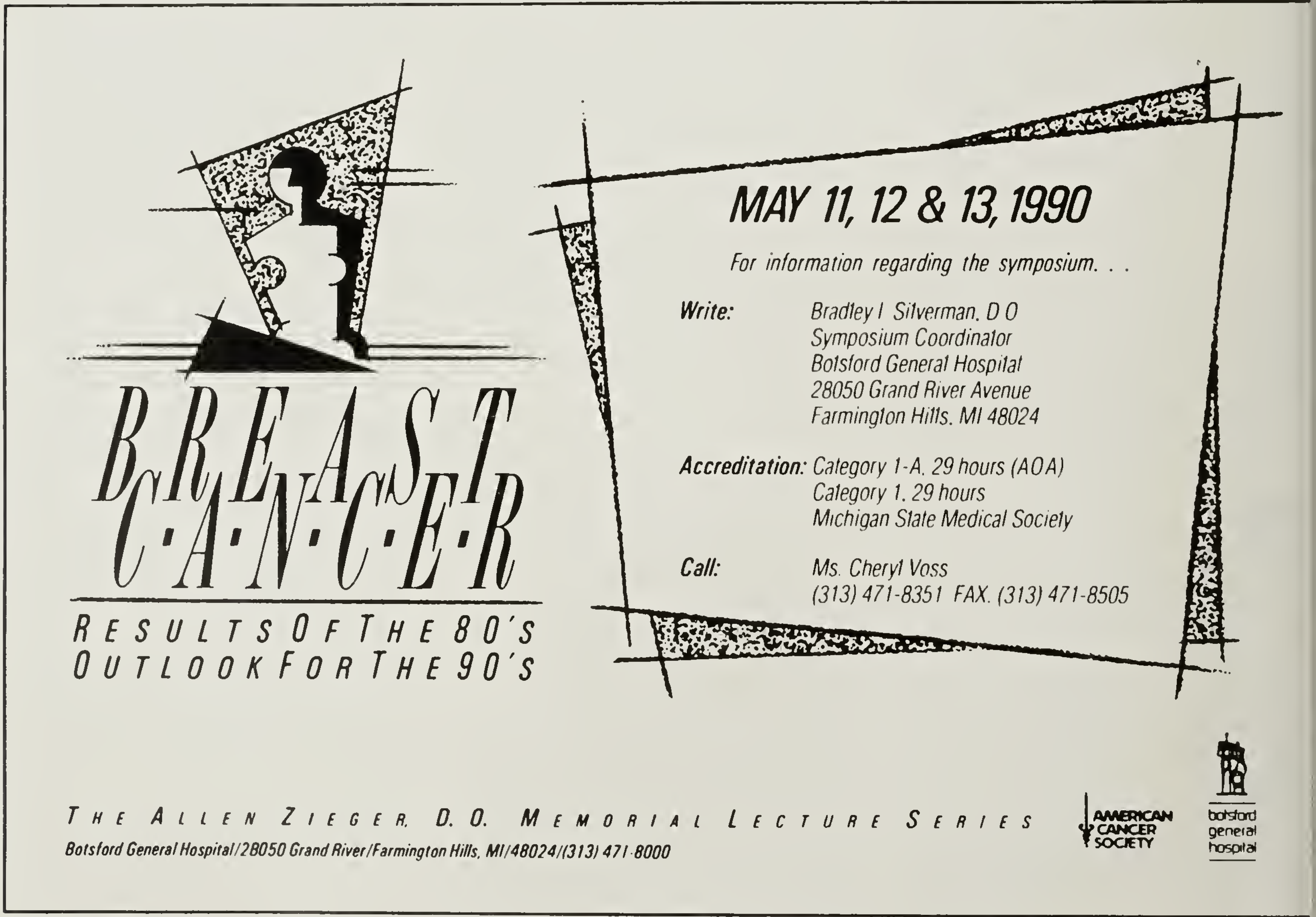
6-8, Current Topics in Blood Banking: 17th Annual Symposium. Location: Towsley Center, Ann Arbor, Michigan. **Sponsors:** University of Michigan Medical School, Department of Pathology. **Contact:** Gayle Fox, Program Assistant, Office of Continuing Medical Education, G-1100 Towsley Center-Box 0201, University of Michigan Medical School, Ann Arbor, MI 48109-0201. (313) 763-1400. **Approved for:** 12 hours Category I Credit.

13-15, Clinical Laboratory Computer Symposium. Location: Towsley Center, Ann Arbor, Michigan. **Sponsors:** University of Michigan Medical School, Deptartment of Pathology. **Contact:** Debra DeSmyther, Program Assistant, Office of Continuing Medical Education, G-1100 Towsley Center-Box 0201, University of Michigan Medical School, Ann Arbor, MI 48109-0201. (313) 763-1400. **Approved for:** 16 hours Category I Credit.

July

20-23, Sixteenth Annual Advances in the Management of Infectious Diseases. Location: Grand Hotel, Mackinac Island, Michigan. **Sponsors:** University of Michigan Medical School, Department of Internal Medicine. **Contact:** Betty Phillips, Program Assistant, Office of Continuing Medical Education, G-1100 Towsley Center-Box 0201, University of Michigan Medical School, Ann Arbor, MI 48109-0201. (313) 763-1400. **Approved for:** 11 hours Category I Credit.

24-27, Cardiology Update. Location: Grand Hotel, Mackinac Island, Michigan. **Sponsors:** University of Michigan Medical School, Department of Internal Medicine. **Contact:** Betty Phillips, Program Assistant, Office of Continuing Medical Education, G-1100 Towsley Center-Box 0201, University of Michigan Medical School, Ann Arbor, MI 48109-0201. (313) 763-1400. **Approved for:** 10 hours Category I Credit.



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POSITIONS OPEN

ANESTHESIOLOGIST TO JOIN group consisting of 6 anesthesiologists and 3 CRNAs. Must be board eligible or board certified. Established PC with many fringe benefits in effect. Send CV to Associated Anesthesiologists of Saginaw, PC, 3121 Davenport, Saginaw, MI 48602 or call (517) 791-2150.

DEPARTMENT DIRECTOR OBSTETRICS/GYNECOLOGY — A large (500+ beds) suburban, community teaching hospital in southeastern Michigan is seeking a Department Director for Obstetrics/Gynecology. This position has the responsibility for direction of the residency program, management of inpatient and outpatient services, and representation of the department private attending staff. The hospital has a strong commitment to its residency programs and a very active and dedicated faculty of board certified obstetrician/gynecologists. University affiliation and clinical faculty appointment is available. The selected individual will enjoy a high quality of life available for all members of the family, including first class primary and secondary schools. Interested and qualified individuals please forward curriculum vitae to: Tim Ignash, Senior Associate, Bernie Hoffmann Associates, Inc., 15565 Northland Drive, Suite 800 East, Southfield, MI 48075 (313) 557-9340.

DERMATOLOGIST, PSYCHIATRIST, ALLERGIST, INTERNAL MEDICINE, FAMILY PRACTICE — A progressive 126-bed, two-hospital system is seeking the above specialties to establish practices in the Iron Mountain area of Michigan's Upper Peninsula. Must be BE-/BC. Located 100 miles north of Green Bay, Wisconsin, Dickinson County Hospitals has a total service area population of over 45,000. Diagnostic capabilities include a CT scanner, C02 laser, and a fully-staffed special diagnostic department. Contact: John Schon, Administrator, Dickinson County Hospitals, 400 Woodward Avenue, Iron Mountain, MI 49801 (906) 779-4500.

EMERGENCY PHYSICIAN/BOARD CERTIFIED to join progressive group at a Detroit metropolitan area major teaching hospital. Excellent reimbursement and career opportunities. Send Curriculum Vitae to Anthony C. Southall, MD, FACEP, Department of Emergency Medicine, St. John Hospital, 22101 Moross Road, Detroit, MI 48236 or call (313) 343-3409.

EXCELLENT PHYSICIAN OPPORTUNITY — High caliber, patient-oriented **internal medicine, family practice,** or **med/ped physician** desired for primary care setting. Northern Oakland County. Contact Susan E. Coleman, MD, Medical Director (313) 625-6660.

FAMILY MEDICINE PHYSICIANS – PRACTICE OPPORTUNITIES — Providence Hospital is seeking board eligible/certified family physicians for practice opportunities in the providence network or family health centers. These family health centers serve Western Wayne and Oakland counties. Core groups of family physicians create an atmosphere conducive to the practice of family medicine. Access to tertiary care and family-centered obstetrical care available. All practice opportunities sponsored by Providence Hospital, Department of Family Practice. An excellent salary and benefit program await the selected individuals interested in true family medicine. Please forward a curriculum vitae in confidence to: Rob Stenberg, Senior Associate, Bernie Hoffman Associates, Inc., 15565 Northland Drive, Suite 800 East, Southfield, MI 48075 Phone: (313) 557-9340.

FAMILY PRACTICE – HOSPITAL-SPONSORED clinic opportunity. Dynamic, growth-oriented hospital in beautiful North Central Wisconsin is seeking two family physicians for a new clinic facility currently being constructed. The administrative burdens of medical practice will be minimized in this hospital-managed clinic. The hospital has committed to an income and benefit package which is significantly higher than similar opportunities. Package includes base income, incentive bonus, malpractice, disability, signing bonus, and student loan reduction/forgiveness program. All relocation costs will be borne by the hospital. Please contact Dan McCormick, President, Allen McCormick, France Place, Suite 920, 3601 Minnesota Drive, Bloomington, MN 55435 (612) 835-5123.

FAMILY PRACTICE – Physicians seeking a BE/BC family practice physician for the Norway, Michigan, service area. The physician would have the option of joining one of the existing practices and/or setup his/her own practice. Anderson Memorial Hospital is a part of Dickinson County Hospitals and has a service area population of over 45,000. Contact: Dr. Paul Hayes, Anderson Memorial Hospital, Main Street, Norway, Michigan 49870 (906) 563-9243 or office (906) 563-9255.

FAMILY PRACTITIONER — A well-established Family Practice Program in Northern Oakland County has an immediate salaried opening. Qualifications: board certified/board eligible; affiliation with family practice teaching program optional. Contact: A. Ahmad, MD, Vice President Medical Services, Pontiac General Hospital, Seminole at West Huron, Pontiac, MI 48053 (313) 857-7226. AA/EOE.

FAMILY PRACTITIONER. Beautiful northern Michigan community searching for a BE or BC family practitioner to join an established group of 3. Excellent opportunity for individual interested in enhancing a top-notch practice. Fishing, hunting, skiing, hiking, and snowmobiling make this community a four season paradise. For further information please send a curriculum vitae in confidence to: Jim Lucas, Director of Physician Recruitment, 2075 W. Big Beaver Road, Suite 600, Troy, MI 48084 (313) 649-2010.

FULL TIME, PART TIME, AND LOCUM TENENS. GPs, PPs, and Emergency Physicians needed to staff a network of convenience medical care centers located in Bay City, Saginaw, Midland, and Mt. Pleasant, Michigan. Flexible hours and attractive compensation packages. Send CV to or contact Euclid Medical Group, PC, 1420 Center Avenue, Bay City, MI 48708 (517) 892-1199.

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MICHIGAN, SOUTHWEST: PHYSICIAN FOR COMMUNITY EMERGENCY DEPARTMENTS and urgent care center. Board Eligible or certified in emergency medicine/internal medicine/family practice/general surgery or appropriate emergency medicine experience. Competitive salary and benefits. Physician staffed helicopter available to qualified individual. Excellent recreational area with abundant cultural opportunities. Send CV to Kalamazoo Emergency Associates, PC, 6600 S. Westnedge #101, Portage, MI 49002. May contact Lisa Semon (616) 329-3200.

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ORTHOPEDIC SURGEON — A progressive 126-bed, two-hospital system is seeking an orthopedic surgeon to join an established practice in the Iron Mountain area of Michigan's Upper Peninsula. Must be BE/BC. Dickinson County Hospitals has a medical staff of 45 full-time physicians and a total service area population of over 45,000. Dr. Roberts will guarantee $200,000 plus malpractice insurance, office space, CME, vacation and relocation expenses. Contact: John Schon, Administrator, Dickinson County Hospitals, 400 Woodward Avenue, Iron Mountain, MI 49801 (906) 779-4500.

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RADIOLOGIST – A three-man radiology group is seeking a fourth radiologist with experience and interest in interventional radiology. Dickinson County Hospitals is a progressive 126-bed, two-hospital system located in Iron Mountain, Michigan's Upper Peninsula. We have a service area of over 45,000. Contact and/or send resume to: Doctors Specht/Shampo/Manzano, Radiology Department, Dickinson County Hospitals, 400 Woodward Avenue, Iron Mountain, Michigan 49801 (906) 779-4565.

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PRESIDENT'S PAGE

The time is now to develop voluntary care programs for the disadvantaged elderly

By Susan H. Adelman, MD

Editor's Note: MSMS President Robert E. Paxton, MD, invited President-Elect Susan H. Adelman, MD, to address MSMS members in this month's President's Page. Doctor Adelman will become MSMS president in May.

MSMS is vigorously promoting voluntary programs of free medical care to the disadvantaged elderly. MSMS also opposes House Bill 4949, which calls for mandatory participation in Medicare. These two positions may appear contradictory. After all, one strong argument for mandatory assignment is that many physicians cannot afford to not balance bill their Medicare patients. On the other hand, voluntary care can only be given by physicians who can afford it.

The plot thickens. Patients press for mandatory assignment when they cannot pay their doctors' bills. Physicians can address these concerns by accepting payment on assignment from low income Medicare patients and by offering voluntary care for the uninsured. This will reduce public pressure on legislatures to fix the system. This is important, since assignment is already mandatory in Massachusetts and Rhode Island, and participation is mandatory for care of low income seniors in Vermont and Connecticut.

Particularly in rural primary care practices, many physicians cannot afford full participation in Medicare or a full practice of Medicaid patients. Other physicians have such a small margin of profit on commercial insurance or Blue Cross Blue Shield that they can only take care of a few Medicaid or Medicare patients. Some physicians also feel that they cannot afford to participate fully in BCBSM either, but that is another matter.

What can patients do if all the physicians in their area close their practices to new Medicare or Medicaid patients? They will suffer, at first in silence, then vocally. They will demand mandatory assignment, legislative action, and changes in the entire health care system. They will be heard too, since they have more votes than the medical profession, and they are supported by business and labor.

The Midland County Medical Society Senior Courtesy Card Program is a model of voluntary care for the low income elderly. Soon the Gladwin County Medical Society and the Northern Michigan Medical Society may follow with their own programs. Genesee, Ingham, Kalamazoo, Kent, Muskegon and Wayne counties are not far behind. Wayne County operates Project HOW, a program for low-income uninsured patients of all ages. Across the country, the Iowa, New Jersey, and Wisconsin state medical societies operate voluntary programs for low income Medicare patients. The Kentucky Medical Association and five county medical societies in as many states operate voluntary medical programs for the uninsured.

What can physicians do for lower income patients and seniors who cannot pay balance bills? We cannot negotiate with private payers or go out on strike to obtain higher payments to subsidize our losses, for fear of violating the antitrust laws. We would like the government to increase our Medicare and Medicaid payments, but so far we have all we can do to keep them from lowering them. For some at least, the RBRVS may help. Yet, even if physicians cannot afford to see only patients with Medicare or Medicaid, they still need our care. We cannot close our practices to them completely. We each can afford to take care of some of them.

Those patients who can pay balance bills, should pay. Those who cannot pay them, should not be balance billed. We can implement the policy of not balance billing for varying numbers of patients in our offices, and we each can take weekly or monthly rotations to see the rest in senior courtesy clinics. We also can use the same approach to take care of our share of the uninsured, free of charge. That is what physicians did in years past, and we can do the same, especially if we spread the risk across the entire profession. If we do not, Medicare assignment may well become mandatory in Michigan too, which will close off the option of anyone choosing whom to balance bill once and for all.

Let us applaud Midland, and let us all hasten to do the same. The time is now, before it is too late.

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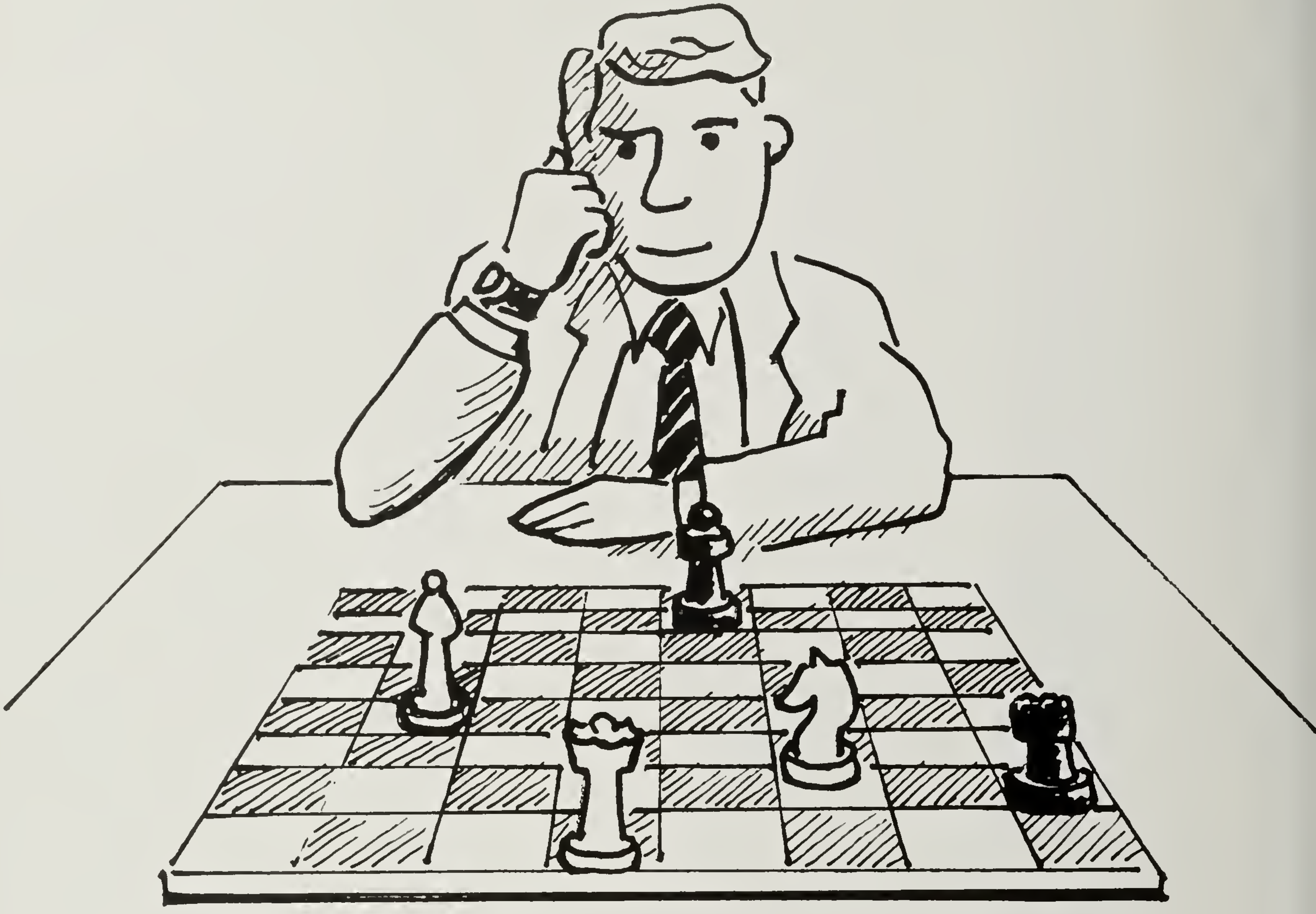

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MICHIGAN MEDICINE

14 COVER STORY

"Put the patient first" is perhaps the most compelling conclusion offered in the new research document, "Improving Michigan's Health Care System: Beyond Cost Containment to Serving Patients' Needs." Commissioned by MSMS last summer and completed by Public Sector Consultants, Inc., of Lansing, in January, the report "is an important document for organized medicine as we enter the 1990s," say MSMS President Robert E. Paxton, MD, and MSMS President-elect Susan H. Adelman, MD. "It provides direction for physicians, for our state government, and for society as a whole." The report reveals health care cost issues that must be presented to consumers to provide a complete and accurate picture of the reasons for increased health care costs in Michigan, according to Doctors Paxton and Adelman. Key sections of the report, plus MSMS' plan to distribute the report, are featured on the pages of this month's cover story.

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In next month's issue of *Michigan Medicine*:
MSMS C.A.R.I.N.G. Campaign to improve the public perception of physicians.

Cover illustration by: *Robert L. Brent.*

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IN MY OPINION

Like It Or Not, We Must Keep Track of our CME Credits

By Thomas R. Berglund, MD

Mandatory continuing medical education for licensing in Michigan is part of the 1975 Tort Reform legislation. The reason this particular statute was passed is because the legislature thought educating physicians would eliminate malpractice. All of us knew this could not be done, and it certainly has not worked. However, there have been some good and some bad effects of this legislation.

The bad news is that many entrepreneurs have exploited the law. They have profited by charging large tuitions for mediocre courses. Some others have put on makeshift courses in vacation lands and lured unsuspecting physicians with a tax write-off. None of us condones these kinds of meetings and we certainly would like to eliminate them.

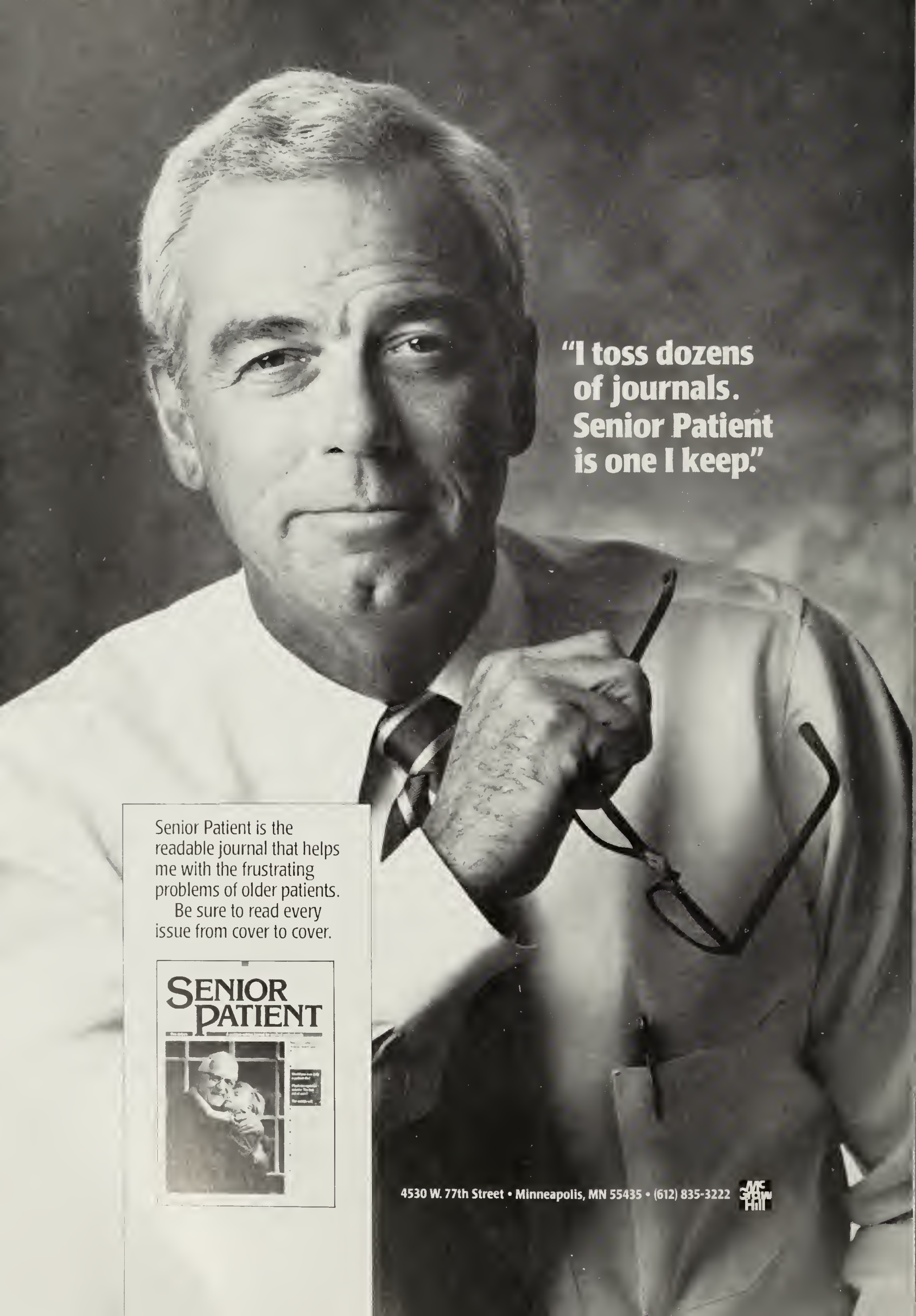
The good news is that it has forced some doctors who have not kept up to take some CME courses. As all of us know, we must keep track of our continuing medical education credits; the medical practice board audits a percentage of each year.

MSMS yearly, in its January Medigram, puts out a file folder which makes it very easy to file and store your CME credits. Most of us earn double or even triple the number of credits per year that we actually need.

During my medical career, I have seen vast changes in all medical fields. Advances in surgery occur daily. New drugs are constantly being developed and, as a matter of fact, it becomes increasingly difficult to remember all of the new ones. How did we take care of head injuries, strokes, and brain tumors prior to the CT scan? The diagnosis and treatment of myocardial disease has been revolutionized with coronary artery bypass grafting, percutaneous transluminal angiography, and clot resolving drugs. (Some of us can still remember keeping MIs in the hospital for three weeks.) I could go on for hours about the changes that have taken place, but will only quote a friend of mine who said, "In my practice of medicine, I have been through a 25-year-residency."

Even though some of us do not like being told that we have to get 150 hours of CME credit each year, and document it for licensure, all of us need it. Those of us who do not keep up will continue to fall further and further behind, and will indeed practice a poorer quality of medicine. Those colleagues of mine who do keep up actually get much, much more CME than is required by law!

Doctor Berglund is MSMS secretary and serves on the MSMS Committee on Publications.



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Letters from Our Readers

Physicians are "being herded into PPOs" like pigs to the slaughter

As I see physicians scrambling and being herded into PPOs (PPAs, etc.), I'm constantly reminded of my wife's favorite story:

A city slicker in a big truck pulled into a gas station in the hills of Tennessee. As his truck was being serviced, the city slicker asked the elderly attendant where he could find the wild pigs around there. The attendant said, "Down the road a piece and to the right. Why do you want to know?" The city slicker replied, "Well, I have this big truck and I want to take some back to the city to sell for meat."

As the city slicker drove off, the old man shook his head and thought, "Those pigs have been there for years and it will take more than a dummy like him to catch them."

A few days later the same truck drove into the station going in the opposite direction. The back of the truck was loaded with dead wild pigs. The elderly attendant couldn't believe his eyes. "How did you do it?" he asked the city slicker. "It was easy," was the reply. "When I was in here last I had a load of corn in the truck. It wasn't just any corn; it was the best corn I could buy. I went down there where the pigs were and threw out some of my corn. At first they wouldn't have anything to do with it. Then some of the young ones came to eat my corn. They started to bring their friends and families.

That good corn was better than rooting for roots and insects. Then I started to put a fence around them — one board at a time. Every day more pigs came and enjoyed the corn — and everyday I put another board in the fence. They never noticed the day I put in the last board."

Arthur M. Clark, MD
Dearborn

Physicians are invited to refer patients to Hemophilia clinic

On March 23, a Hemophilia Comprehensive Care Clinic will be held at Butterworth Hospital in Grand Rapids. The Hemophilia Foundation of Michigan, a United Way of Michigan agency, is cosponsoring the clinic with the Division of Services to Crippled Children and with funding from an H.H.S. grant at Michigan State University.

This clinic is for adults and children with a known or suspected coagulation disorder, such as Hemophilia or von Willebrand's Disease.

Services are provided at no cost to the patient, and include complete medical, dental and orthopedic evaluation, carrier testings, inhibitor and other laboratory testing, psychosocial counseling, and home care evaluation. Because many of these persons with a bleeding disorder have been exposed to blood products, anonymous HIV-testing and counseling will be provided. A team of professionals from Michigan State University, the University of Michigan and the local community will provide the wide range of services. The Comprehensive Care Team includes a pediatric and adult hematologist, nurse, social worker, physiatrist, physical therapist, orthopedic surgeon, dental hygienist and laboratory technician.

Appointments for the comprehensive visit can be made be calling the MSU Hemophilia Clinic at (517) 353-9385.

We are hopeful physicians will refer patients (to the clinic) for comprehensive evaluation and testing.

For more information, call me at the above number.

Kathy J. Bosma, RN
Nurse Coordinator
MSU Hemophilia Comprehensive Care Clinic

Secure View — "A Window of Assurance"

My husband Michael and I have two sons, John, eight, and Ty, three. A year ago, after months of concern on our part about Ty's slow development, Ty was diagnosed as having autism. This neurological disorder has required many adjustments on the part of our family.

When, at the age of two-and-a-half, Ty began to walk, we were elated. But his desire to explore brought new anxieties for us as we attempted to protect him from danger. A light sleeper who occasionally suffers from seizures, we felt it necessary to lock his bedroom door at night. But we could not open the door to check on him without waking him up, a difficult situation that caused us all many hours of lost sleep.

Finally, Michael, who is a construction superintendent, came up with a solution that we hope may become a marketable product that can help other families like ours. Secure View is a self-contained two-piece window unit that can be installed in a wall between studs. The one-way mirror in the window unit allows us to check on Ty at any time of the day or night to be sure he is content or sleeping.

Family, friends and babysitters love the window, too. When Ty becomes overstimulated or frustrated, a few minutes in his room alone can bring him contentment. With Secure View we can be sure that he is all right.

We have found 10x19 inches a suitable dimension for the window, but it can be made larger or smaller if desired. The unit sells for $120 and can be installed easily by a homeowner.

The window may also be useful for parents of infants or adults caring for elderly parents who would like to be able to check on them without disturbing them. If you would like more information about Secure View, please call us at (313) 485-1894 or write to us at 479 N. Mansfield, Ypsilanti, MI 48197.

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3-D radiation therapy planning now in use at U-M Cancer Center

Physicians at the University of Michigan Cancer Center have become the first in the country to regularly use 3-D radiation therapy planning — a breakthrough for cancer patients because it lets doctors direct the radiation to the tumor more precisely, thus sparing healthy surrounding tissue.

"Before three-dimensional imaging, we were constrained to looking at tumors two-dimensionally — front to back or side to side," explains Allen Lichter, MD, chairman, Breast Oncology Program, U-M Cancer Center. "We were limited in the types of angles from which we could direct beams of radiation, and in some cases this caused great compromises in patient care."

Doctor Lichter and his colleagues developed computer software linking medical imaging to radiation treatment planning. In 3-D imaging, X-ray-sliced images of an organ or sections of the body are stacked to re-create the patient's anatomy on the computer screen.

"We rotate the image to find the best angle so we can aim the radiation with great precision," says Doctor Lichter.

This type of imaging is useful for physicians in two ways. First, it allows them to zero in on a tumor, so diagnosis of the location, size and type of cancer is made easier. Each part of the organ is shown in a different color on the computer screen. The tumor appears in purple so it is quickly identified.

Secondly, once a cancerous growth is located, the correct dose of radiation treatment can be focused specifically on the tumor.

"Surrounding the tumor on the computer image is a cage-like structure that represents the dose of radiation a patient would receive with a particular beam configuration," Doctor Lichter says.

Doctor Lichter knows exactly how to direct the beam of radiation because he sees the tumor from a "beam's eye" view.

"With the 3-D computer picture, we're seeing it just as a radiation beam sees it," he says. Because of this precision, much of the healthy tissue around the tumor is spared.

The next phase of radiation treatment is called conformational therapy. This therapy incorporates the use of a machine that has individual metal plates — called collimators — that conform the radiation field leaving the machine to the shape of the tumor, providing an even more focused radiation beam. The U-M soon will begin using such a machine, making it one of a few centers in the country with this technology.

Psychological trauma center established at Detroit Receiving

A Center for Prevention and Treatment of Psychological Trauma has been established at Detroit Receiving Hospital and University Health Center.

The Center, which is affiliated with the Wayne State University School of Medicine, will specialize in the treatment of potentially devastating emotional disorders resulting from a damaging life event. These may include exposure to violence, sexual abuse, rape, incest, natural and human disasters, family violence, accidents, personal loss, and serious illness, according to James Zender, PhD, director of the center.

Psychological trauma can result in a condition identified as post-traumatic stress disorder. Its symptoms may include sleep disturbances, depression, nightmares, social withdrawal, low self-esteem, implusivity, and increased substance abuse. If untreated, these disturbances can become chronic and lead to severe dysfunction, according to Doctor Zender.

The Center will offer short-term group therapy, individual psychodynamic psychotherapy, cognitive behavior therapy, pharmacotherapy, hypnotherapy, and biofeedback. A heavy emphasis would also be placed on stress management and restoring a sense of personal control, he says.

As part of the Center, Detroit Receiving will host a local society of post-traumatic stress professionals to support and stimulate prevention, treatment, and research efforts in the Detroit area. Physicians, psychologists, social workers, and other health professionals who work with psychological trauma are welcome to join.

For more information on the Center, contact Doctor Zender at (313) 745-4811.

Medical society auxiliary puts it all together for Radio Talking Book

Ingham County Medical Society Auxiliary members found that many hands not only make light work, but more than $5,300 for one of the Auxiliary's pet charities.

A queen-sized quilt in shades of apricot and navy, designed by Auxiliary member Sherlee Mauch, was raffled to benefit *Radio Talking Book* November 15.

Former Auxiliary President Ruth Springer was the lucky winner; current Auxiliary President Sue Dhaliwal was recognized for highest ticket sales with a quilted tote bag.

This is the second benefit quilt put together by Auxiliary members. In 1987, raffle proceeds totaled nearly $4,000. Auxiliary members became involved with Radio Talking Book several years ago as a result of their on-going sponsorship of Mobile Meals. A Mobile Meals client who was also a Radio Talking Book consumer, alerted the Auxiliary of RTB's financial need and asked if the Auxiliary could do anything to help. Auxiliary members rose to the occasion, and have been consistent, generous donors to *Radio Talking Book* ever since.

Continued on page 10

Beaumont seeks diabetic volunteers for research project

The William Beaumont Hospital Clinics of Preventive and Nutritional Medicine, Birmingham, are currently seeking diabetic volunteers for a research project involving a new blood pressure medication and its effects on blood insulin and blood sugar levels.

The length of the research study is approximately six weeks, including three overnight visits. The research volunteer will be paid $100 for each overnight stay. Candidates must be adult-onset diabetics, male or female, between the ages of 35 and 65 years.

Interested candidates for this research study should call the Beaumont Clinics of Preventive and Nutritional Medicine at (313) 646-6500.

AAFP urges second measles vaccination

The American Academy of Family Physicians (AAFP) recommends routine second measles, mumps and rubella (MMR) immunizations for children four to six years of age, or just prior to entering school. AAFP also said that children in areas where there is a high risk of contracting measles should receive their first MMR at 12 months, instead of 15 months of age.

The AAFP's revised guidelines calling for two childhood measles vaccinations concur with the Immunizations Practice Advisory Committee's report — "Measles Prevention" — issued recently by the federal Centers for Disease Control (CDC). The AAFP has a liaison representative to the CDC committee.

The AAFP revised its schedule for MMR vaccinations who have contracted measles. Some of these cases occurred in children who were previously immunized, but failed to develop protection against measles.

"It appears that about five out of every 100 children who were properly immunized failed to develop protection against measles," says Gerald C. Keller, MD, of Mandeville, LA, who chairs the AAFP's Commission on Public Health and Scientific Affairs. "That's why these kids are getting measles and why they need to get a second MMR shot."

The AAFP recommends giving the second MMR at four to six years of age, when children enter school. Immunization efforts are generally more effective when they are an entrance requirement at school, says Doctor Keller.

Although the AAFP's and CDC's recommendations generally call for a first measles shot at 15 months and a second shot at four to six years of age, some states may require the second MMR to be given at an older age. In addition, authorities in high risk areas might advise the first MMR to be given at 12 months of age. The new guidelines define a high risk area as a county or portion of a county with: (1) More than five measles cases among preschool-aged children during each of the last five years; (2) A recent breakout among unvaccinated preschool-aged children; or (3) A large urban population.

"There are a number of other individuals who should consider either a second MMR or a test for evidence of measles immunity," Doctor Keller says. "The CDC recommends a second MMR shot or a measles immunity test for everyone who is going to college or other educational institutions beyond college, as well as medical personnel beginning employment who will have direct patient care contact."

Persons who are *not recommended* to receive a measles vaccination generally

Continued on page 11

Physicians in the News

MSMS President-elect **Susan H. Adelman, MD,** Detroit, is chairman-elect of the AMA Surgical Caucus. The caucus is a meeting of all surgeons who are delegates, alternates or specialty representatives to the AMA Interim, Annual and section meetings.

Dawn E. Springer, MD, a Mason family practitioner, was recipient of the First Annual Presidential Citation Award of the Ingham County Medical Society. The award recognizes the significant contribution of a physician member to both the practice of medicine and the community. Doctor Springer earned her medical degree in 1977 from the Michigan State University College of Human Medicine. She took her residency at Sparrow Hospital Family Practice Center, Lansing. Doctor Springer has served as treasurer and secretary of the county society and was elected a delegate to MSMS this year. A long time chairperson of the membership activities committee, Doctor Springer is in her second year as chairperson of the Ingham County Medical Society legislative committee. She also chairs the MSMS Committee on Concerns of Women Physicians. In addition to maintaining her practice, Doctor Springer spends one afternoon per week in the Pre-natal Family Planning Clinic of the Ingham County Health Department.

Sander J. Breiner, MD, just had two articles published. His article "Psychoanalysis: An Advantage for Psychiatry," appeared in *Psychiatric Forum* — winter quarterly; and "Some Interesting Child-Rearing Characteristics in Arab/Moslem World," was published in the *Journal of Psychohistory* — winter quarterly. Yet to be released is his book *Slaughter of the Innocents: Child Abuse Ancient Times to Present,* which will be made available by Plenum Publishing in April.

Paul O. Farr, MD, is the new president of the 850-member Kent County Medical Society. A gastroenterologist, Doctor Farr has been in practice in Grand Rapids since 1980. He is Board Certified in internal medicine and gastroenterology, and is a member of the American College of Physicians, the American Gastroenterological Association, and the American Society for Gastrointestinal Endoscopy.

Continued from page 10

include pregnant women, persons with active tuberculosis, or who have allergies to eggs, Doctor Keller says.

Free booklet available for patients with high cholesterol

Patients are often confused by complex and conflicting information about diet, cholesterol and heart disease.

Now health professionals can call 800-NIACIN-1 to receive free patient-education booklets entitled "Your Number Counts: A Guide to Controlling Your Cholesterol" from the Niacin Information Center, Great Neck, NY. This pamphlet provides guidelines appropriate for patients with mildly elevated cholesterol levels, as well as those who are receiving medical treatment.

The eight-page brochure contains diet information and a low-fat meal plan. There is also space provided for recording lab values, medication prescriptions and additional doctors' instructions, so that guidelines can be modified to meet each patient's individual needs.

The booklet is available free to health professionals in any quantity.

Beaumont opens child care center

William Beaumont Hospital, Royal Oak, recently opened its new Child Care Center, thus joining the limited ranks of area employers offering on-site child care services to employees.

The new center will provide care for up to 132 infants, toddlers, and preschool children of hospital employees, announced Karen Shamess, assistant hospital director.

"It goes without saying that it is very difficult to find high-quality child care these days," says Shamess. "In addition to meeting this need, the new Center is going to provide convenient child care services for our employees because it is right here on Beaumont's campus."

Located in a newly-constructed building near the southeast corner of hospital grounds, the Center will also "give Beaumont a competitive edge in the recruitment and retention of highly qualified staff for patient care," Shamess adds.

GDAHC receives grant for AIDS program

The Greater Detroit Area Health Council, Inc. (GDAHC), has received a one-year grant in the amount of $50,000 from the Hudson-Webber Foundation in support of its Coordinated Community AIDS Program (C-CAP) for Southeastern Michigan.

GDAHC will administer the one-year Hudson-Webber Foundation grant in support of its centerpiece C-CAP project, the AIDS Consortium of Southeastern Michigan, Inc. (ACSEM).

Grant monies will be used in support program management for ACSEM, an operating organization incorporated in May 1988 to provide and finance a range of health and social support services for PWH.

Currently, ACSEM is directing its efforts toward the operation of a coordinated, community-wide case management system for PWH and the development of a special facility for primary inpatient care. ACSEM will be developing formal referral/affiliation agreements, exploring innovative financing and reimbursement models, developing and implementing advocacy strategies, participating in professional and community education, and developing new programs to fill gaps in available services for PWH. ■

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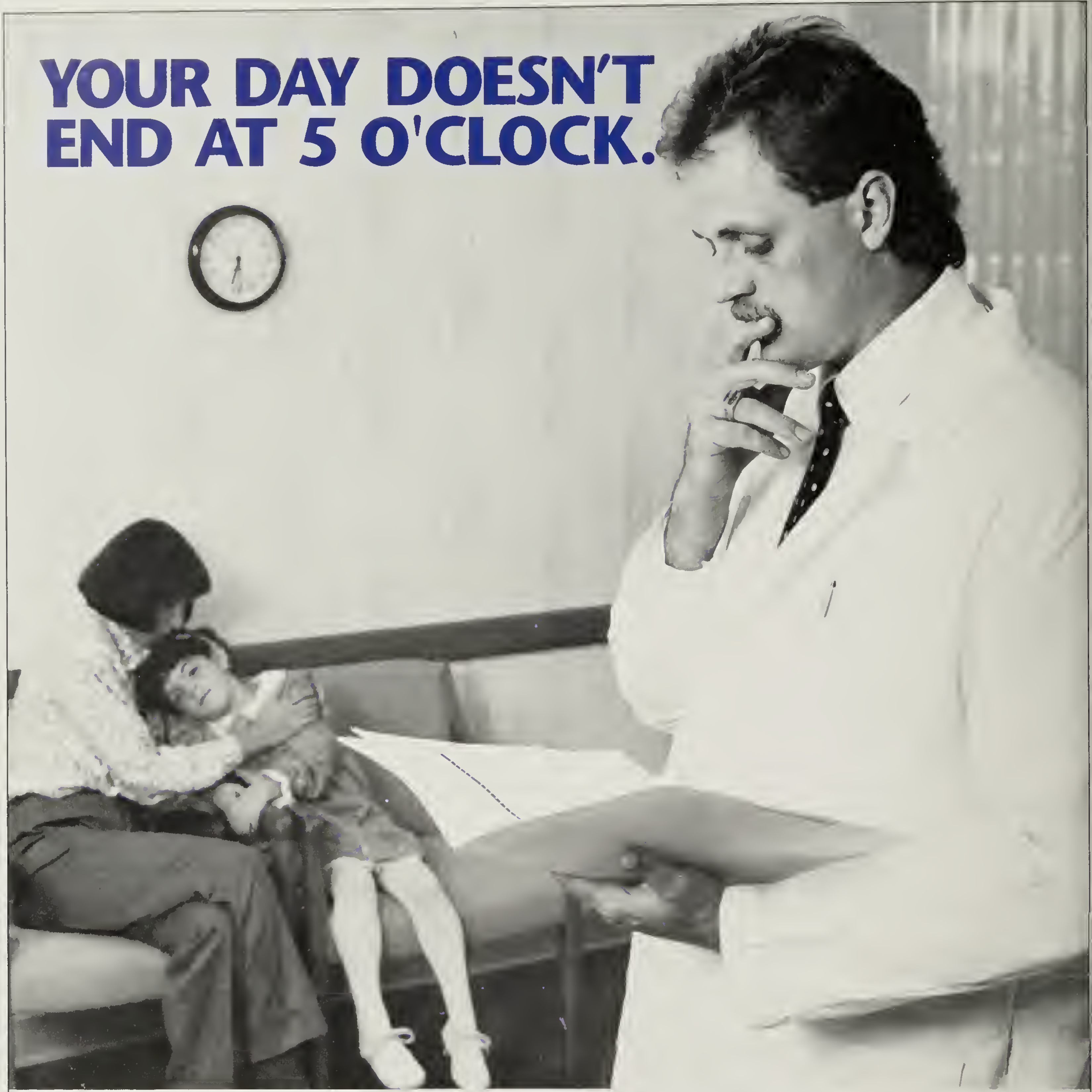
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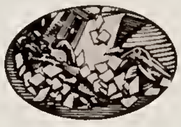
BUILDING A BETTER HEALTH CARE SYSTEM FOR MICHIGAN

Physicians Will Play Key Role

By Robert E. Paxton, MD
and Susan Hershberg Adelman, MD



During the Summer of 1989 MSMS commissioned Public Sector Consultants, Inc., of Lansing, to develop a research document describing the impact of health care costs on Michigan's health care system. The original focus of the report was to delineate the reasons for the magnitude of Michigan's rising health care costs and a summary of past efforts to contain them. During the development phase of gathering data for the report and its subsequent outline, it became clear that the report needed a broader focus on the direction of health care policy within Michigan.

The report, completed in January, cites data which has been either neglected or ignored in the literature. It provides consumers with a complete and accurate picture of the reasons for increased health care costs in Michigan.

One hidden cost is the expense of administering delivery systems for health care. These expenses have increased 186 percent from 1980 to 1986. The average physician staff spends 33 hours per month processing traditional Blue Cross Blue Shield forms and 47 hours per month processing Medicare forms. Forty-eight percent of a physician's practice revenues goes toward these office expenses.

The traditional calculation is that only 28 percent of the health care dollar comes from the patient; however, when all facts are considered, 42 percent comes from the patient. In contrast, private insurers pay 28 percent and the government share is 30 percent. The patient now pays a larger share of the pie, and the private insurers and government have actually decreased their share of these payments.

We believe this report, *Improving Michigan's Health Care System: Beyond Cost Containment to Serving Patients' Needs,* is an important document for organized medicine. It provides direction for physicians, for our state government, and for society as a whole. There are many conclusions in the report, but none are more compelling than the principle, "put the patient first." Addressing health care issues in the 1990s will challenge the leadership of organized medicine as never before. It will not be easy, but by working together, we may provide our patients with a voice that will be heard.

This month's cover story features key sections of the report. We hope you will read these sections, contact MSMS for a copy of the complete report, if you wish, and then help us put its conclusions to work. ■

Doctor Paxton is MSMS president. Doctor Adelman is MSMS president-elect.

Cover Story

IMPROVING MICHIGAN'S HEALTH CARE SYSTEM:

Beyond Cost Containment to Serving Patients' Needs

The following are excerpts from "Improving Michigan's Health Care System: Beyond Cost Containment to Serving Patients' Needs." Following the executive summary of the report is the introduction, the chapter on "Beyond Self-Interest and Cost Containment," and the conclusion. A complete copy of the study may be obtained by contacting Robert Ortwein at MSMS.

EXECUTIVE SUMMARY

The widespread dissatisfaction with the U.S. health care system has been driven largely by rising costs and/or attempts to contain them. Government, private insurers, and employers believe they are paying far too much for health care. Providers — principally hospitals and physicians — feel that payers not only limit the care that can be given but also do not fully reimburse the costs of care. Most important, patients are unhappy about restricted choice among providers, narrow coverage, and large employee contributions to health care plans. An increasing number of Americans — nearly one million in Michigan alone — have no health insurance whatsoever.

After a long period of expanded access to health care in the United States, spurred particularly by the establishment of the Medicare and Medicaid programs in the 1960s, the rapid rise in per capita costs prompted government and employers to seek ways to slow the astounding growth in the U.S. health care bill. In 1987, for example, outlays were $442.6 billion nationwide, $17.56 billion of which was spent in Michigan. It is estimated that health care will cost Americans $1.5 trillion, or 15 percent of GNP, by the end of this century.

Cost containment, which began slowly in the 1970s and accelerated in the 1980s, has had little success in the face of several factors contributing to increasing health care costs in this country: inflation; an aging population; the spread of AIDS; expensive new technology; expanded access and benefits; growing utilization; restricted access for some, which postpones care until the need becomes critical — and costly; high medical liability premiums; and administrative costs.

Nevertheless, efforts to contain cost continue, most notably through managed care (including health maintenance organizations, preferred provider and fee-for-service plans, and utilization review), such employer initiatives as health promotion and employee cost sharing, government measures to control Medicare and Medicaid expenses, rationing, and steps by providers to minimize costs.

There is general agreement that our current systems of financing and delivering health care are neither containing costs nor meeting patients' true health care needs. As this study suggests, it is time to move beyond cost containment and into an era of quality measurement and the provision of needed care to all. Toward that end, we make several recommendations.

- *Put the Patient First* — Subordinate cost containment to the true needs of patients and make cuts only if access and quality of care will not be jeopardized.
- *Give Access Top Priority* — Health care should be available to everyone, regardless of ability to pay.
- *Institute Reliable Quality Measurement* — A practical definition of "quality care" is needed, and the development of practice parameters and standards would benefit both payers and providers.
- *Seek Innovative Delivery Alternatives* — New thinking is needed about the appropriate site for and ways of giving care.
- *Manage Technology* — We must not abandon the search for medical advances, but simply learn to limit their costs.
- *Expand the Physician's Role* — Health care professionals must broaden their roles as teachers and confidantes to help patients help themselves.
- *Help Consumers Understand the Health Care System* — If people are better informed about our intricate system, the more likely they will be to accept it or seek to change it productively.
- *Promote Consumer Responsibility* — Help people understand that staying healthy is just as valuable as being restored to health.

We can manage costs — and do so humanely — by working together to understand exactly what care patients do and do not need. We also can cooperate in fostering prevention, so that fewer people need care, and in learning to manage illness better, so that those who do become sick will need less costly care than they receive now.

INTRODUCTION

We have reached a watershed in the history of health care in the United States: Everyone is in some way dissatisfied with how we deliver and pay for it. Payers — government, private insurers, and employers — are unhappy because they feel they have been paying far too much for health care, and their attempts to exert pressure on providers and patients to cut costs have not kept expenditures from rising. Providers — principally hospitals and physicians — are unhappy because payers are limiting the services they will allow providers to give their patients and no longer are reimbursing providers at their cost of giving the care. In some instances, payers even are refusing payment because they decide, after the fact, that a procedure was unnecessary.

And patients are especially unhappy. Many cannot see the doctor they want because their employer has restricted their choice. Companies are asking employees to pay a share of their health insurance premium and as much as 20 percent of their hospital bill. Some employers are terminating or limiting coverage for their workers' spouses and children and for retirees. When patients are attended by physicians they do not choose, they are less inclined to trust them, yet they have come to expect a cure for every serious illness. Finally, 37 million Americans, including nearly one million Michigan residents, have no public or private health insurance at all. For them, obtaining health care for which they cannot pay is a constant struggle.

This troubled time in U.S. health care history stems largely from increased attention to the cost of health care. All of the unhappiness on the part of payers, providers, and patients alike — has been driven largely by rising costs and/or attempts to contain them. The fact that no one is satisfied with the present state of affairs suggests that we must be more daring in our reforms without saddling any one group with an unfair burden. This daring will bear fruit only if we remember that patients' health — not purchasers' payments or providers' revenues — is the true bottom line.

This report examines a wide range of state and national information on increasing health care costs and efforts to contain them. It shows the shortcomings of most cost containment efforts from the perspective of payers, providers, and, most important, patients. The concluding section suggests an improved health care delivery system that bridges the differences among the three groups by putting patients first.

To see where we are going, it is important to see where we have been. The years after World War II can be divided into three eras of health care in the United States.

The **era of expansion and access**, from the late 1940s to the early 1970s, saw the rapid growth of hospitals and the number of physicians (fueled in part by substantial federal aid), technological and scientific development for the diagnosis and treatment of illness, and the spread of private and public health insurance to well over three-quarters of the population. During this time, ready access to health care for elderly and poor Americans increases substantially with the establishment of Medicare and Medicaid in the mid-1960s. Insurers and employers who paid hospitals and physicians who billed charges, as well as the expansion of medical services driven by whirlwind advances in technology, guaranteed that per capita health care costs rose rapidly.

The **era of cost containment**, which began slowly in the mid-1970s and in earnest in the 1980s, was spawned by the unchecked increase in health care expenditures. The federal government and large employers were astounded by the rising costs and sought at least to slow their growth. Cost containment brought into health care parlance "prospective payment," the Medicare system of hospital reimbursement established in 1983 that uses diagnosis-related groups (DRGs) to limit payment to hospitals, and "managed care," which can be defined as any effort by a payer to oversee and control the patient's use and the provider's recommended use of health services. The next major development, Medicare's attempt to review physician payment through a resource-based relative value scale (RBRVS), has been approved by Congress and will be phased in over five years beginning in 1991.

The **era of quality measurement** is on the horizon. The shape it assumes will determine U.S. health care for decades to come. It will make or break our pluralistic health care system by breeding either true understanding and cooperation or irreconcilable antagonism among payers, providers, and patients; if it is done carefully, quality measurement can unite payers (including the federal government), providers, and patients; if not, neither access to care for disadvantaged patients nor the quality of care we all receive will improve. For patients to receive the best possible health care, payers, providers, and patients must accept mutual responsibility for the welfare of **all**. Each must make a commitment to a responsive total health care system rather than to special interests.

Beyond Self-Interest and Cost Containment: Giving Needed Care

It appears that health care costs cannot be slowed dramatically without drastic measures. We could abandon cost containment altogether, admit our failure, and decide that health care is a social priority worthy of 20 percent of our GNP. Or we could decide that 12 percent is too much and should be reduced to 10 percent, or even 9 percent, and cut until we reach that arbitrary target. These are two extremes; obviously, a middle ground makes more sense.

If we accept the fact that too many people are not receiving the health care they need, then we also must accept two other disturbing facts. First, despite our best intentions, health care is not, in practice at least, an unqualified right for all of us. Second, rationing occurs every day, usually determined by the patient's ability to pay. Unfortunately, the ability to pay has little to do with how much health care is needed. In fact, the opposite often is true: The uninsured and the poor, compared to the insured nonpoor, tend to be sicker and thus in need of more care.

Need also varies among states. A 1989 report reveals that Michigan residents tend to be sicker than most other Americans. Comparing all fifty states in terms of average life expectancy at birth, rate of major illnesses, rate of alcohol and cigarette use, availability of physicians and insurance, mortality rates, and days lost from school and work due to illness per year, the study ranked Michigan 48th. While the causes for this poor showing are complex and not easily remedied, it is clear that we are not doing the best we can, as a state, to meet the needs of patients. We must embark on a large-scale effort to change our attitudes toward health and health care if we are to improve the way we pay for and deliver health care. The following recommendations are first steps in that direction.

PUT THE PATIENT FIRST

We should move toward a system that subordinates cost containment to the true needs of patients. This will require a degree of cooperation among payers, providers, and patients far greater than their current attitudes permit. It will require sacrifice and the willingness of all to take greater responsibility. This does not mean abandoning cost containment; it does mean that we must learn from experience and make cuts only if there is convincing evidence that patient access and quality of care will not be jeopardized.

GIVE ACCESS TOP PRIORITY

Access to care for all Michigan residents should be a top priority. Health care too often has been reduced to a product that is manufactured, marketed, bought, and sold, and those with limited buying power have suffered. Emergency and urgent care, preventive care (childhood immunizations, prenatal care, regular office check-ups), outpatient surgery and laboratory tests, acute care, and chronic and long-term care in the least restrictive settings should be available to all of us. In the long run, improving access may not be as costly as many fear. If guidelines for appropriate care are refined, we can shift resources from unnecessary care to providing for the uninsured and underinsured. As our perspective broadens from a focus on acute care to include managing good health and minimizing chronic illness, the value of health promotion in reducing illness and premature death will become undeniable as a way of expanding access and containing health care costs.

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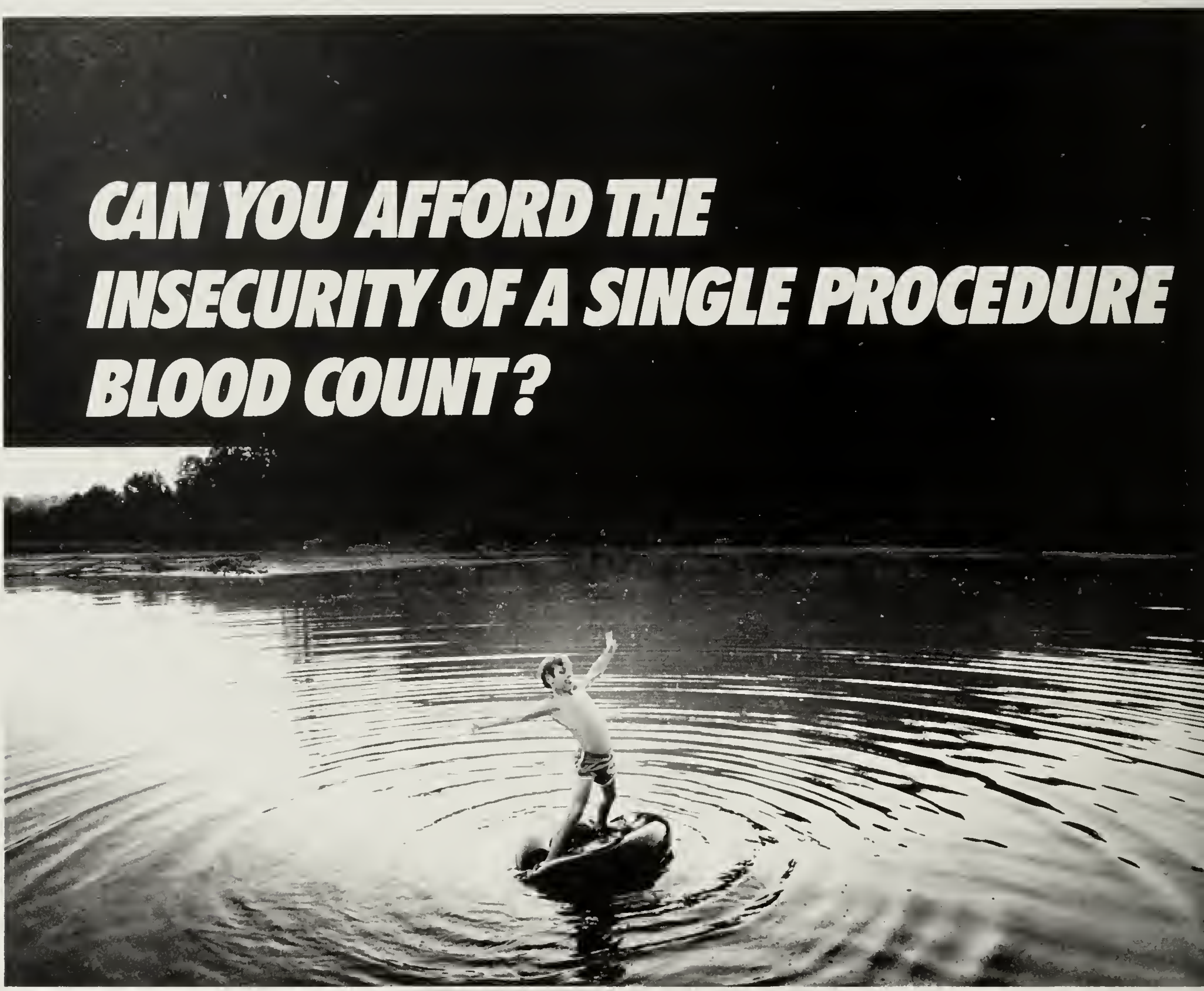
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Furthermore, health professionals should take the lead in improving access by volunteering some of their time to those who cannot pay. Many do this now; what is needed is more formal cooperation with hospitals and local health departments to ensure that more people are reached. Similarly, insurance company representatives and businesses' benefits officers should volunteer to explain health benefits packages, policies, and the workings of our intricate health care system. This commitment to community service by all those involved in health care certainly will not solve our access problems, but it will help patients see that our priority is to put their health first. If consumers believe that employers, insurance companies, physicians, and nurses truly care about them, they are much more likely to do their part to stay healthy.

INSTITUTE RELIABLE QUALITY MEASUREMENT

The health care industry and related fields should make the 1990s the era of quality measurement. Which procedures are appropriate given a patient's condition, medical history, age, and other factors? Was the appropriate procedure performed well — did the physician provide quality care? A first step is to agree on a practical definition of quality care — now considered by some to be that which produces perfect health and by others to be that which costs just enough to avert major catastrophe. Then, research on which procedures are appropriate and effective for which patients should continue to be pursued vigorously. As Dr. Alexander Leaf points out, "there are diagnostic tests, operations, and other procedures in common usage that have never undergone rigorous clinical testing...Much of what we do in diagnosis and treatment we do because of training and custom rather than the application of rigorously tested procedures." Such research, and the treatment guidelines that emerge, will move us a long way toward understanding patient needs.

Providers must recognize that it is legitimate for payers to oversee what their money buys. Payers must accept the fact that providers usually know best what a patient needs and that some variables never can be computerized. Practice guidelines should be flexible enough to afford physicians some leeway in caring for patients; proper holistic care never will be reducible to cookbook medicine. As Doctor Leaf notes, "cost-effectiveness analysis does not remove or even diminish the role of judgment in decisions about medical care. At best, it simply provides additional — and we hope, better — facts on which to base them."

There could be considerable improvement in health care if payers and providers agree to work together to develop practice parameters and standards of practice, as they have done in New York for caesarean sections, and as the Blue Cross and Blue Shield Association and the American College of Physicians have done nationwide for the 15 most common diagnostic tests. We must not be hasty; sufficient resources must be invested in data gathering and analysis. In the meantime, payers should exercise caution in restricting services they may consider unnecessary. Once developed and constantly updated, these guidelines will provide employers, physicians, insurers, hospitals, and patients with better information for making health care decisions, and establishing practice parameters should better protect physicians from unjustified accusations of malpractice.

SEEK INNOVATIVE DELIVERY ALTERNATIVES

As the kind of care appropriate for a patient should become easier to determine, so should the site of that care. Alternatives to inpatient care should be explored, and the bureaucratic and reimbursement obstacles to their implementation should be minimized. Medical centers focusing on primary and emergency care may supplant many small hospitals. For the terminally ill, including persons with AIDS, hospices often are the least restrictive and least costly settings. One's own home should be a care setting whenever possible. As the population ages, the well-being of the elderly and the need to contain costs may best be served by encouraging the development of technology (such as portable monitors) that permits older people to remain as independent as possible in their own homes for as long as they are able. Additional resources undoubtedly will have to be devoted to more restrictive kinds of long-term care as the demand for nursing home beds grows. Consideration should be given to integrated regional health care systems discussed in the recent reports of the Greater Detroit Area Health Council and the Governor's Health Care Cost Management Team. These systems may be the most logical way of managing efficiently the widening range of settings, especially for nonacute care.

MANAGE TECHNOLOGY

Technology must be managed. This does not mean it should be abandoned or even severely restricted. Much diagnostic technology — CT scans and magnetic resonance imaging, for example — identifies illness early, when it often can be managed with minimal interruption of the patient's life and the chances of cure are greater. Neither should we abandon the search for new technology, such as neonatal intensive care units, that allows us to save lives which otherwise would be lost. But we must put greater emphasis on research and on developing technology most likely to improve a patient's quality of life and limit costs. Portable monitors that reduce hospital visits are only one example. Technology and medical advances that permit better management of patients who have heart attacks and other traumatic acute episodes should be pursued. More emphasis also should be placed on technology that palliates chronic illness. Although the health care professions have a responsibility to help patients help themselves in preventing disease, there is an equal responsibility to care for the sick, regardless of whether the patient's high-risk behavior led to illness.

Moreover, we must take a long view. While medical technology and research may raise costs, at their highest point of development — for example, vaccines and antibiotics — they lower costs dramatically. The problem now is that so much of our technology or research is at the halfway point. If we withdraw adequate funding for medical advances likeliest to reach that level of development at which costs are reduced, we will be doing ourselves a great disservice.

HELP CONSUMERS UNDERSTAND THE HEALTH CARE SYSTEM

While physicians and other health professionals must help patients understand how to stay healthy, state government must help consumers understand the intricacies of our health care system. Much consumer frustration stems from a sense of helplessness in the face of a system that seems to become more mysterious and fickle with each passing day. Government can help by developing brochures that explain (1) the full range of financing and delivery mechanisms, (2) the employer's options in choosing a health insurer, and (3) the role of different government agencies (Social Services, the Insurance Bureau, Management and Budget, Public Health, Commerce, Mental Health, and others) in making health policy. The more

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consumers understand about the system, the more likely they will be to accept it, or the better informed they will be in seeking to change it. They must believe they have a say.

EXPAND THE PHYSICIAN'S ROLE

In addition to writing prescriptions or performing procedures, physicians and other health care professionals must broaden their roles as teachers and confidantes. This should occur not under pressure from payers but because of greater understanding of what patients need. Medical and technological advances are making acute illness less prevalent, and personal behavior and environment are the central determinants of health. Also, the elderly suffer more and more from chronic illness, and its prevalence will rise as the population ages. Physicians will have to spend more time discussing with patients how to avoid or overcome high-risk behaviors, such as smoking, overeating, fatty foods, and a sedentary lifestyle. Medical and behavioral knowledge to help prevent or palliate chronic illness may assume a larger place than medical procedures in physician-patient interaction. (This likely will help restore some of the patient trust for physicians that the malpractice crisis and cost containment have eroded.)

One virtue of the proportionately higher RBRVS payments to primary care physicians is that this system at least acknowledges the value of the time spent talking to patients. Most disease prevention entails conversation and persuasion; much curing involves drugs and/or surgery. The diseases most responsible for killing us — heart disease, trauma, and cancer — are largely preventable, or at least can be reduced. If we are to commit ourselves to paying for what works, then we should pay for prevention and health promotion. We must understand that keeping people healthy is just as valuable as restoring them to health.

PROMOTE CONSUMER RESPONSIBILITY

People will have to assume more responsibility for their own health. All other efforts pale in comparison with what consumers can do for themselves. Health professionals must explain, and patients understand, more about the benefits and risks of various behaviors as well as diagnostic and therapeutic procedures. Better-informed patients are less likely to have expectations so great that no outcome could be positive enough to satisfy them. But patients must act upon the information given them.

People also must alter their tendency to think they are ill when they are not. As Arthur Barsky notes, our collective improvement in health in recent decades has been accompanied, strangely enough, by a decreased sense of physical well-being, by "a progressive decline in our threshold and tolerance for mild disorders and isolated symptoms, along with a greater inclination to view uncomfortable symptoms as signs of disease...Although our society's fascination with health has had many substantial benefits, it has at the same time eroded the sense of well-being. Paying increased attention to one's body and one's health tends to make one assess them more negatively, with greater feelings of ill health."

Barsky goes on to condemn those producers of health care products who create a "market of alarmed consumers" that drives a significant amount of unnecessary health care. Whereas advertisers of over-the-counter medications and others may stir up irrational fears in consumers, responsible health professionals have an obligation to encourage patients to identify early symptoms that may indicate a serious illness. We can only hope that health professionals' increased attention to patients' worries will help educate consumers, so they can better distinguish between good medical advice and craven commerical appeals.

CONCLUSION

The many defeats in our health care system have complex roots. The aging of the population, new diseases, technological innovation, medical liability, administrative waste, and increased access and utilization compel us to look at cutting our health care bill. The ways we have tried to reduce costs thus far have led to dissatisfaction among patients as well as payers and providers. It is time to stop the push-and-pull and work together. Our piecemeal solutions not only are failing to contain costs but also take chances with people's health. We must have the courage to make innovations in our systems of payment and delivery which minimize those chances. We can manage costs — and do so humanely — by working together to understand exactly what care patients do and do not need. We also can cooperate in fostering prevention, so that fewer people need care, and in learning to manage illness better, so that those who do become sick will need less costly care than they receive now. ■

Cover Story

PUBLIC CAMPAIGN TO DISCUSS HEALTH CARE COSTS UNDERWAY

Governor Blanchard, House Speaker Lewis Dodak, Senate Majority Leader John Engler, House Republican Leader Paul Hillegonds, Senate Democratic Leader Arthur Miller, Lee Iacocca, Roger Smith, newspaper editors and reporters across the state, and county and specialty society presidents and executives are part of a diverse group of 1,000 public policyshapers who have been targeted by MSMS to receive a copy of *Improving Michigan's Health Care System: Beyond Cost Containment to Serving Patients' Needs.* Copies of the report were distributed in January and February.

A cadre of physicians from six geographically targeted areas are expected to study the report early this month, then return home to set up local community "roundtable" discussions on cost containment and the future of health care in Michigan. Later this month these physicians will begin to approach their local newspaper editors, chambers of commerce and service organizations to hold the "roundtable" discussions. The goal is to have these completed by the third week of April.

If the "roundtable" format is successful in the target areas, the program will be expanded to include more cities across the state. Targeted cities thus far include Detroit, Lansing, Grand Rapids, Kalamazoo, Flint, Saginaw and Traverse City. MSMS officers, board members and local county society officers from each of these areas will be asked to participate in the community discussions of the report.

The goal of these discussions is to increase coordination in Michigan's health care system; to get consumers to work with insurers, providers and other payers, the government and others, to help identify solutions to rising health care costs and their associated problems; and finally, to help consumers identify who's giving them care and what kind of care, at what cost, and with minimal confusion prior to actually receiving care. ■

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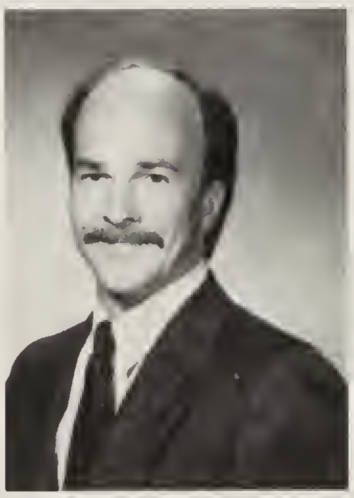
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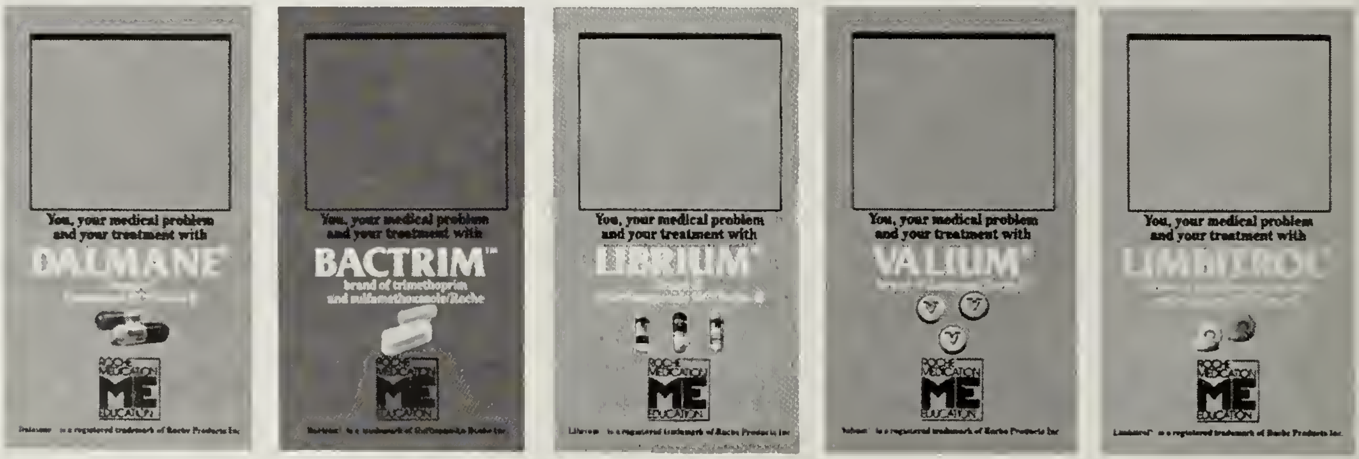
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Coming in April...

Three MSMS Sections to Hold Meetings This Month

By Betty J. McNerney, Managing Editor

MSMS Young Physicians Section

The second annual meeting of the MSMS Young Physicians Section will be held March 15 at the Kellogg Center, East Lansing.

The morning program will begin with remarks by Section Chairman Richard A. Stone, MD, MSMS President Robert E. Paxton, MD, and MSMS Vice Speaker of the House Robert D. Allaben, MD. The Section's two reference committees will then consider resolutions and hear testimony.

A luncheon presentation featuring Tim Skubick, senior capitol correspondent for Michigan Public Television, will kickoff the afternoon program. Afternoon speakers include Donald K. Crandall, MD, AMA Council on Medical Service, and State Senator William A. Sederburg (R-East Lansing).

The afternoon agenda also includes election of members to the Section's Governing Council.

For meeting details, contact Linda Munson at MSMS headquarters.

MSMS Hospital Medical Staff Section

The sixth assembly meeting of the MSMS Hospital Medical Staff Section will be held March 24 at the Ritz Carlton Hotel, Dearborn.

The morning program includes two presentations: Gary D. Maynard, MD, Section chairman, will discuss "The State of MSMS/HMSS; and Carol E. Franck, executive director, Michigan Nurses Association, will discuss the "Nursing Shortage: An Opportunity for Collaboration."

Luncheon speaker Thomas R. Reardon, MD, Oregon, AMA representative on the Congressional Physician Payment Review Commission, will kickoff the afternoon program. Afternoon speakers include Spencer C. Johnson, president, Michigan Hospital Association, who will discuss "Health Care 2000: The Outlook for the Hospital-Physician Relationship"; and Monte Jahnke, attorney with Kerr, Russell and Weber, Detroit, who will discuss "The National Practitioner Data Bank for Adverse Information on Physicians and Other Health Care Practitioners."

For meeting details, contact F. B. "Tom" Plasman at MSMS headquarters.

MSMS Section for Graduates of Foreign Medical Schools

The Radisson Plaza Hotel, Southfield, will be the site for the second annual meeting of the MSMS Section for Graduates of Foreign Medical Schools March 31.

A new physicians' network...

The morning program will begin with remarks by Busharat Ahmad, MD, Section chairman. C. John Tupper, MD, AMA Board of Trustees, will be the featured luncheon speaker.

The afternoon program will feature a presentation by Joel Hamilton, US General Accounting Office, Washington, DC, who is the principal investigator of a just-concluded federal study of discrimination against graduates of foreign medical schools.

For meeting details, contact Judy Marr at MSMS headquarters.

Second Annual MSMS Young Physicians Section Meeting
Thursday, March 15, 1990
9:00 a.m. to 5:00 p.m.
Kellogg Center, East Lansing

MSMS Hospital Medical Staff Section Sixth Assembly Meeting
Saturday, March 24, 1990
8:00 a.m. to 5:00 p.m.
Ritz Carlton Hotel, Dearborn

MSMS Section for Graduates of Foreign Medical Schools
Saturday, March 31, 1990
8:00 a.m. to 5:00 p.m.
Radisson Plaza Hotel, Southfield

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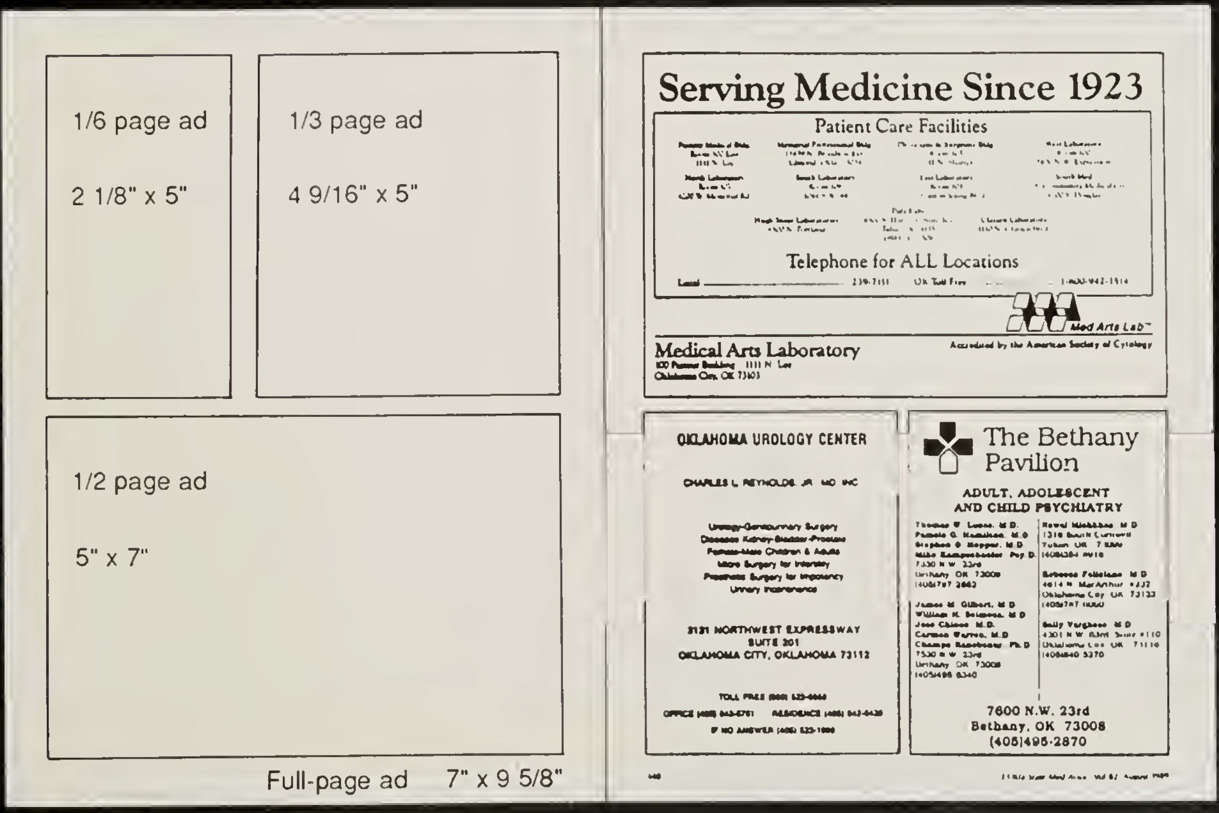
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Robert J. Mann, MD

A Healer of Third World Children

By Marcia A. Lamberts

Maria was two years old when a lit candle fell into her bed. Her head and upper torso were so severely burned that doctors in her Guatemalan village were unable to surgically correct the resulting scarring and contracture. Seven months after the accident, the little girl returned home from the hospital, her hands and left arm badly disfigured, and with a large bald spot on the back of her head.

Maria once might have had to live the rest of her life with her deformities. Through an American volunteer medical organization called *Healing the Children* (HTC), however, the girl was able to receive the treatment she needed. After eight operations in the United States, she returned home to Guatemala with renewed hope for a normal life.

Maria is only one of hundreds of Third World children who have obtained treatment through HTC. Founded in 1979 and funded entirely through private contributions, HTC is an extensive cooperative of volunteer physicians, administrators, hospitals and community sponsors devoted to helping children around the world receive medical care unavailable in their own countries.

Currently there are eight regional HTC groups and 13 chapters in the United States. An HTC chapter in Michigan was founded in 1984.

HTC organizes and arranges for volunteer health teams to visit countries requesting such assistance. Using equipment and supplies brought with them from the United States, these teams perform surgery on local children in need of medical treatment. Health screenings also are held to determine which children can be helped by more complex treatment in the United States. For those young patients, HTC coordinates air transportation and government visas, and recruits medical personnel and the necessary treatment facilities, as well as local families, to care for the children during their stay. HTC also collects and distributes donated medical supplies and equipment to countries in need.

Doctor Mann an HTC participant

Over 150 Michigan physicians from various specialized fields of medicine have donated their time and surgical skills through HTC. Robert J. Mann, MD, a Grand Rapids plastic surgeon, is a perfect example.

Doctor Mann first became involved with *Healing the Children* in 1985 when he was contacted about performing volunteer surgery on children who had been flown to Michigan from Central America. It was two years later when a surgical team was preparing for a two-week trip to Guatemala. One of the participating surgeons suffered a heart attack, and Doctor Mann was signed on as a last-minute replacement. He's been involved with the organization ever since, performing volunteer surgery both in Grand Rapids and Guatemala.

Born in Rochester, Minnesota, and raised in Grand Rapids, Doctor Mann received his bachelor's degree from De Pauw University and his medical degree from Michigan State University. He interned at St. Mary's and Butterworth hospitals and was a resident at both Butterworth Hospital and Blodgett Memorial Medical Center in Grand Rapids. He was a fellow in pediatric plastic surgery at Children's Memorial Hospital in Chicago. He currently is on the active staffs of Grand Rapids Butterworth, Blodgett and St. Mary's hospitals, and in private plastic surgical practice in Grand Rapids.

Much of Doctor Mann's practice consists of reconstructive surgery — cleft lip and palate, and cranial-facial. He views the work he does through *Healing the Children* as an extension of his practice. "It's an opportunity to take care of more kids in a concentrated period of time...I don't see 50 cleft lips in one week in Grand Rapids like I do when I'm down there (in Guatemala)."

Recounting the first time he saw a cleft palate while in medical school, Doctor Mann admits, "I was more than a little bit dumbfounded that such a deformity would exist...I was horrified. I was scared. These are emotions that the parents of children born with cleft lips or palates go through."

Making children whole very gratifying

Being given the chance to make so many children whole in such a short time is "what makes *Healing the Children* so special," he says enthusiastically. "There is nothing more gratifying than seeing a baby with a cleft lip repaired...Every time I'm able to go through this experience with a child, I'm as amazed as I was the first time...It's the single most enjoyable surgery I perform."

Healing the Children's traveling health care teams are comprised of carefully selected professionals with highly specialized skills. "We come in as a MASH unit," says Doctor Mann. A typical health care team may consist of two plastic surgeons, two anesthesiologists, a pediatrician, a plastic surgery resident and a medical student, a whole crew of operating room nurses, a recovery room nurse and an operating room technician, and interpreters. Such a comprehensive team allows two operating rooms, a recovery room, a children's ward and a screening clinic to operate simultaneously.

HTC surgical/screening trips usually last two weeks. "These are short-term ventures," says Doctor Mann. "Two-week stints are ideal for physicians." Members of the health care teams arrive prepared to work hard for those two weeks, however. Last year Doctor Mann's medical team screened over 300 Guatemalan children and operated on 54 in a single 10-day period — six operating days.

Also, working conditions for HTC volunteers can be far below American hospital standards. "The buildings in Guatemala are really quite good," says Doctor Mann. "There's just nothing in them. Three years ago there was no IV fluid. No monitors in ICU worked, and the oxygen machine monitor was malfunctioning...

They were still treating burns with banana leaves and cellophane."

Doctor Mann asserts that, in spite of the facilities, the quality of care the Guatemalan children receive from the HTC teams is "outstanding, the same as that they would receive in the United States."

What remains unique about *Healing the Children*, maintains Doctor Mann, is that through the complex network of volunteer professionals, "we're able to bring kids back to this country." To date, *Healing the Children* has arranged for over 1,500 children from 45 countries to be brought to the United States for treatment and surgery. Thousands more have been treated in their own countries.

Doctor Mann is somewhat uncomfortable with any hint of praise for the volunteer work he's done. "All I'm doing is being given the opportunity to do the kind of surgery I find most enjoyable," he insists. "And it happens to be gratifying. It's very easy for me to go back." He emphasizes that he is one of many; the work done through *Healing the Children* is shared by a number of physicians. The Grand Rapids community, in particular, says Doctor Mann, is well represented by physicians who "very quietly have done a tremendous amount of good for these people."

Still, according to Doctor Mann, the health care teams return home after each overseas trip far richer than when they left. To him, the children and their families are the real heroes. "These people give us far more than we give them." ■

Marcia Lamberts is a Columbia, Missouri-based freelance writer.

Editor's note: This article is the third in a series of articles on physician volunteers. Physicians who have volunteered their services abroad or here in Michigan ar invited to submit articles about their experiences for publication in Michigan Medicine.

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MSMS

President Paxton Calls for Unity at Detroit Medical Society Meeting

Photo Highlights

Doctor Paxton ponders a question from a member of the Detroit Medical Society.

During his presentation, Doctor Paxton asked members of the Detroit Medical Society to become involved in the MSMS committee structure and stressed that their involvement can make a difference.

MSMS President Robert E. Paxton, MD, discusses mutual concerns with Detroit Medical Society President Jim Johnson, MD, before the November 28 DMS meeting. At the meeting, Doctor Paxton asked for more interaction and unity between the two societies.

Flanking Doctor Paxton are, from left: David Williams, MD, DMS secretary; Doctor Johnson; Charles Vincent, MD, DMS executive board member; and Aaron Maddox, MD, DMS treasurer.

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Revised June 1989

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Board of Medicine Actions

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Name: Jon Kevin Blake, MD, 925 E. Main Street, Gas City, IN 46933
Action, Date Taken: Limited License 2 year minimum; probation 2 years; fined $1500; reprimand, January 19, 1990.
Reason: Mental-Physical Incompetency

Name: Leon E. Butler, Jr., MD, 18644 Goddard, Detroit, MI 48234
Action, Date Taken: Revoked, January 19, 1990
Reason: Substance Abuse

Name: Joseph Moohum Chung, MD, 4755 Greenfield, Berrien Springs, MI 49103
Action, Date Taken: Limited License, January 19, 1990.
Reason: Incompetency

Name: Alexander L. Delos Reyes, MD, 170 S. Howell St., Hillsdale, MI 49242
Action, Date Taken: Limited License, January 19, 1990.
Reason: Mental-Physical Incompetency

Name: John Enos Kurtz, MD, 1943 Pointe Lane #204, Ann Arbor, MI 48105
Action, Date Taken: Limited License 2 year minimum; fined $1,500; reprimand, December 20, 1989.
Reason: Mental-Physical Incompetency

Name: Lee Clark Laney, Jr., MD, 3011 W. Grand Blvd. Suite 1067, Detroit, MI 48202
Action, Date Taken: 30-day suspension; one year probation; $1,000 fine, February 26, 1990
Reason: Technical Violation

Name: Dennis C. Whitehead, MD, 513 Hewitt Street, Marquette, MI 49855
Action: Limited License; probation 2 years; fined $1500; reprimand, December 20, 1989.
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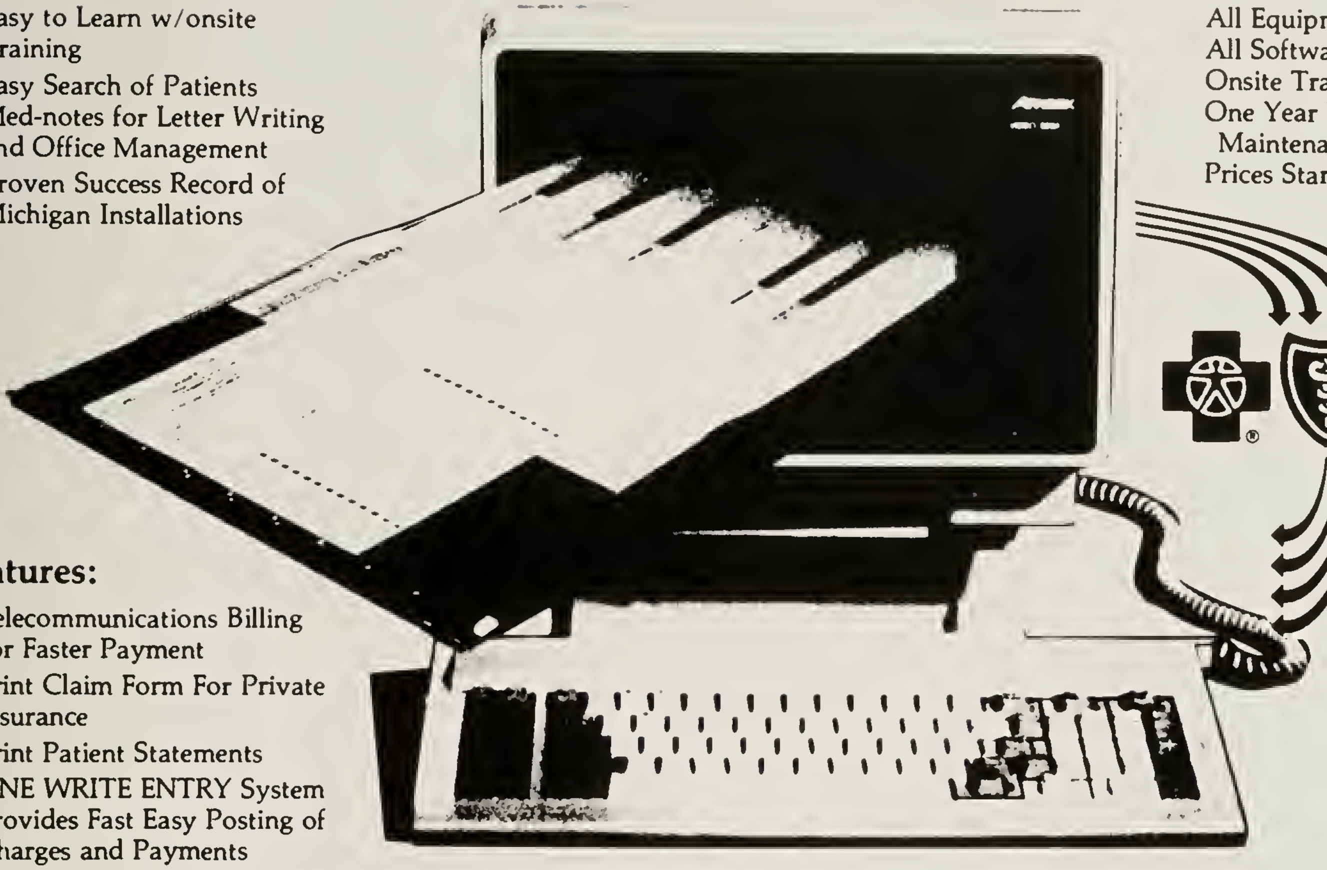

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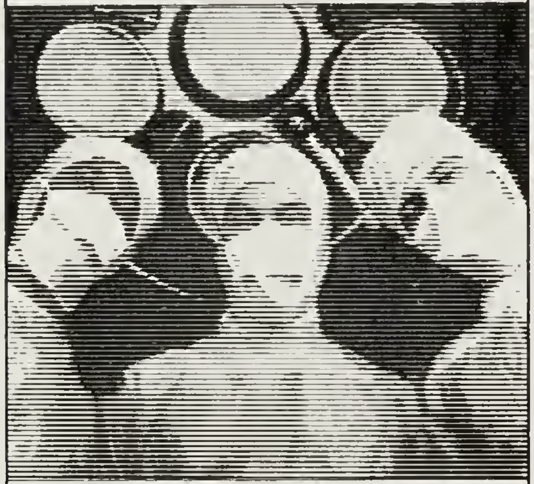

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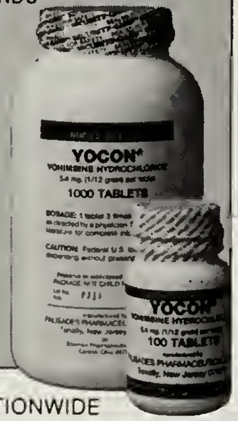
References:

1. A. Morales et al., New England Journal of Medicine: 1221. November 12, 1981.
2. Goodman, Gilman — The Pharmacological basis of Therapeutics 6th ed., p. 176-188. McMillan December Rev. 1/85.
3. Weekly Urological Clinical letter, 27:2, July 4, 1983.
4. A. Morales et al., The Journal of Urology 128: 45-47, 1982.

Rev. 1/85



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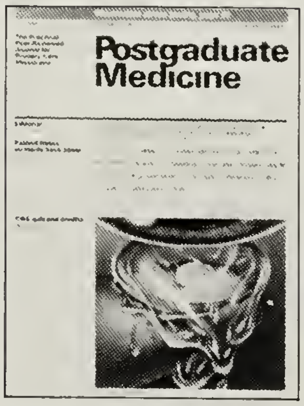

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DEATHS

John H. Bethea, MD
Brighton

John H. Bethea, MD, a plastic surgeon, died December 28, 1989. He was 75. Doctor Bethea received his bachelor of science degree and his medical degree from Tulane University and completed his internship at the New Orleans Charity Hospital. Doctor Bethea served in the US Army as a lieutenant colonel, retired in 1946, and then opened up a private practice for three years. He returned to Michigan to take the position of medical director at Brighton Hospital in 1966. He also served as medical director at Hillcrest State Hospital in Howell and at the Ypsilanti State Hospital. In 1988, Chelsea Hospital recognized Doctor Bethea for his outstanding work in the field of substance abuse treatment and public awareness. He was a 50-year member of the Michigan State Medical Society.

Ezra Volk Bridge, MD
Port Huron

Ezra Volk Bridge, MD, an internist, died January 20. He was 74. Doctor Bridge graduated from Cornell Medical College in 1940 and served his internship at the University of Michigan Hospital, Ann Arbor. He was senior author and co-author of 26 publications on various aspects of tuberculosis and decompression sickness. Doctor Bridge served in the US Army Air Force from 1944-1946. He opened his private practice in Port Huron in 1958 and in 1971 became the Chief of Staff at Port Huron Hospital. He retired in 1986. Doctor Bridge was a member of the American Medical Association, the Michigan State Medical Society, and was a past president of the St. Clair County Medical Society.

John Doyle, MD
Ada

John Doyle, MD, a pediatric allergist, died January 13. He was 66. Doctor Doyle attended medical school at the University of Louisville and served in the Navy during World War II and the Korean War. He established a pediatric practice in the early 1950s and continued his training in the treatment of allergies and asthma. Doctor Doyle was chief of staff at the Mary Free Bed Hospital and Rehabilitation Center from 1968-1969. He was past president of the Irish American Pediatric Society, a member of the Kent County Medical Society and the Michigan State Medical Society.

Franklin L. Graubner, MD
Marshall

Franklin L. Graubner, MD, a general practitioner, died December 13, 1989. He was 83. Doctor Graubner was a medical graduate from Wayne State University and served his residency at Harper-Grace Hospital in Detroit. He also served as a doctor in the US Army during World War II. Doctor Graubner maintained a private practice for 51 years. He served on staff at Oakwood Hospital and was a past chief of staff. Doctor Graubner was a past president of the Calhoun County Medical Society, a member of the American Medical Association and the Michigan State Medical Society.

Bruce A. Jones, MD
Adrian

Bruce A. Jones, MD, an internist, died January 7 as a result of an automobile accident. He was 36. He received his medical training at the University of Michigan and served his residency at the U-M Medical Center. Doctor Jones was the medical director of Bixby Medical Center's respiratory therapy department and also was an active participant on the Hospice Board for six years, twice as president.

Francis A. Jones, Jr., MD
St. Joseph

Francis A. Jones, Jr., MD, an obstetrician/gynecologist, died December 2, 1989. He was 81. Doctor Jones was chief of staff at St. Lawrence Hospital, Lansing, and retired in 1961. He was also on staff at the University of Michigan School of Medicine and was Chairman of the Michigan Board of Maternal Health. Doctor Jones practiced medicine in the Lansing area for 25 years and delivered over 20,000 babies.

Helen Lanting, MD
Lansing

Helen Lanting, MD, a psychiatrist, died January 18 at the age of 88. A native of Finland, she earned her medical degree at the University of Michigan and served her residency in the Neuro-Psychiatric Institute in Ann Arbor. In 1951, she was appointed director of the Child Guidance Clinic in Lansing. Doctor Lanting was a member of the Ingham County Medical Society, the Michigan State Medical Society, and the American Medical Association.

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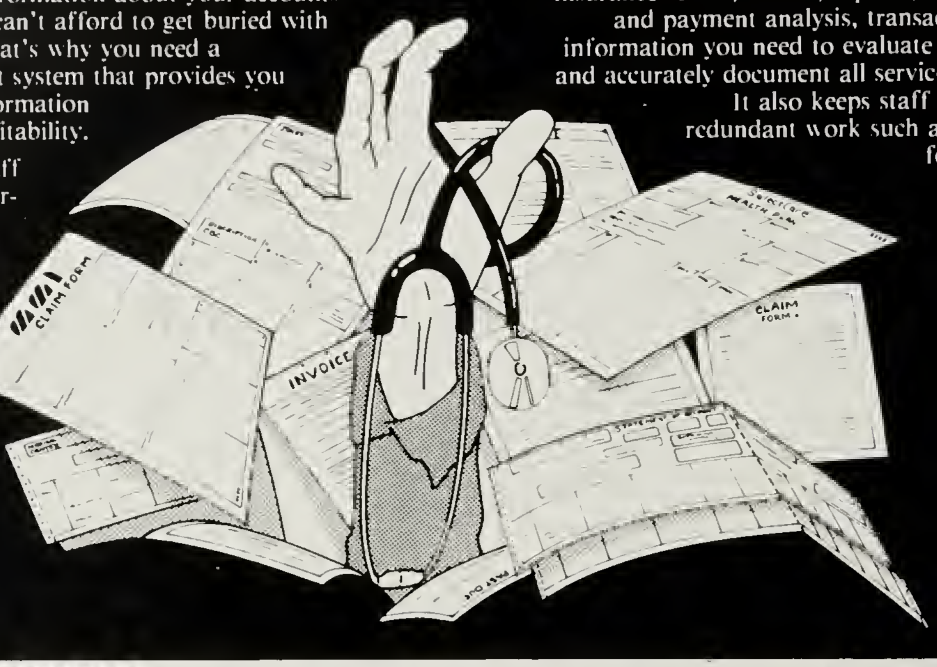

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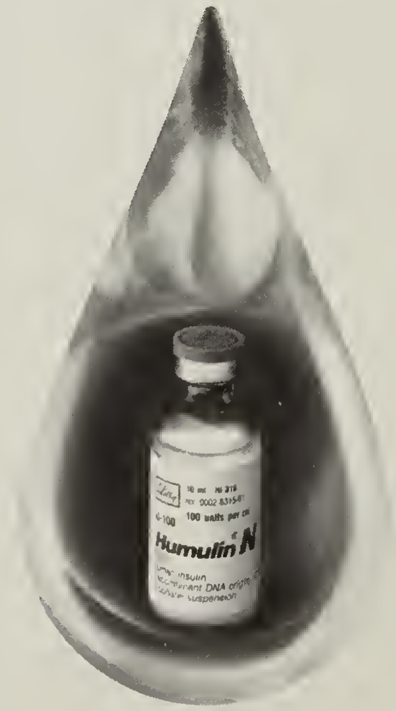

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MEETINGS

MSMS Meetings

March

14, MSMS Board of Directors, MSMS headquarters, contact: William E. Madigan, executive director, (517) 337-1351, ext. 33.

15, MSMS Young Physicians Section Annual Meeting, Kellogg Center, East Lansing. Contact: Linda Munson, Chief-Meetings and Special Memberships, (517) 337-1351 Ext. 27.

20,21,22, MSMS/PSC, ICD-9-CM Diagnosis Coding. 20th - Amway Grand, Grand Rapids, Michigan. 21st - Fetzer Center, Kalamazoo, Michigan. 22nd - Hyatt Regency, Dearborn, Michigan. Contact: Amy Fistler, PSC, Assistant to General Manager (517) 337-1351 Ext. 65.

21-22, Michigan Conference on Maternal and Perinatal Health: "Perinatal Care: Access, Answers, Accountability," Hyatt Regency, Dearborn, Michigan. Contact: Sherry L. Fent, Chief, Physician Education, (517) 337-1351 Ext. 29.

22,23, MSMS/PSC, Supervising and Managing People. Dearborn Inn, Dearborn, Michigan. Contact: Amy Fistler, PSC, Assistant to General Manager (517) 337-1351 Ext. 65.

24, MSMS Hospital Medical Staff Section 6th Assembly, Ritz Carlton Hotel, Dearborn, Michigan. Contact: Tom Plasman, Manager Physician Hospital Relations, (517) 337-1351 Ext. 24.

27,28,29, MSMS/PSC Medicare Series. 27th - To be announced, Marquette. 28th - Bay Valley Inn, Bay City, Michigan. 29th - Holiday Inn, Livonia, Michigan. Contact: Amy Fistler, PSC, Assistant to General Manager (517) 337-1351 Ext. 65.

31, Annual Meeting of the MSMS Section on Graduates of Foreign Medical Schools, Radisson Plaza Hotel, Southfield, Michigan. Contact: Judith Marr, (517) 337-1351 Ext. 49.

April

4, MSMS/PSC, Health Law Update, Kellogg Center, East Lansing, Michigan. Contact: Amy Fistler, PSC, Assistant to General Manager (517) 337-1351 Ext. 65.

5, MSMS/PSC, Successfully Working with People, Hyatt Regency, Dearborn, Michigan. Contact: Amy Fistler, PSC, Assistant to General Manager (517) 337-1351 Ext. 65.

5, MSMS/PSC, Mastering the Paperwork Monster, Hyatt Regency, Dearborn, Michigan. Contact: Amy Fistler, PSC, Assistant to General Manager (517) 337-1351 Ext. 65.

7, MSMS/PSC, Committee on Concerns of Women Physicians, Detroit Institute of Arts, Detroit, Michigan. Contact: Amy Fistler, PSC, Assistant to General Manager (517) 337-1351 Ext. 65.

12, MSMS/PSC, Evaluating an HMO Contract, Novi Hilton, Novi, Michigan. Contact: Amy Fistler, PSC, Assistant to General Manager (517) 337-1351 Ext. 65.

17,18,19, MSMS/PSC, Advanced Third Party. 17th - Amway Grand, Grand Rapids, Michigan. 18th - Dearborn Inn, Dearborn, Michigan. 19th - Grand Traverse, Traverse City Michigan. Contact: Amy Fistler, PSC, Assistant to General Manager (517) 337-1351 Ext. 65.

24,25,26, MSMS/BCBS Medicare. 24th - To be announced, Detroit area. 25th - Fetzer Center, Kalamazoo, Michigan. 26th - Grand Traverse, Traverse City Michigan. Contact: Amy Fistler, PSC, Assistant to General Manager (517) 337-1351 Ext. 65.

May

4-6, MSMS House of Delegates 125th Annual Session, Amway Grand Plaza Hotel, Grand Rapids, contact: Richard Campau, Manager, MSMS Department of Finance, Member Services and Operations, (517) 337-1351, ext. 25.

9, MSMS/PSC, Marketing Strategies AMA, Holiday Inn, Livonia, Michigan. Contact: Amy Fistler, PSC, Assistant to General Manager (517) 337-1351 Ext. 65.

10, MSMS/PSC, Defensive Planning, The Townsend Hotel, Birmingham, Michigan. Contact: Amy Fistler, PSC, Assistant to General Manager (517) 337-1351 Ext. 65.

17, MSMS/PSC, Protecting Your Practice, Amway Grand, Grand Rapids, Michigan. Contact: Amy Fistler, PSC, Assistant to General Manager (517) 337-1351 Ext. 65.

17, MSMS/PSC, Time Management, Hyatt Regency, Dearborn, Michigan. Contact: Amy Fistler, PSC, Assistant to General Manager (517) 337-1351 Ext. 65.

June

8,9, MSMS/PSC, AMA's Starting Yourself in Medical Practice: Selecting an HMO or Private Practice, Weber Inn, Ann Arbor, Michigan. Contact: Amy Fistler, PSC, Assistant to General Manager (517) 337-1351 Ext. 65.

July

12-15, MSMS Board of Directors Midsummer Meeting, Grand Traverse Village, contact: William E. Madigan, executive director, (517) 337-1351, Ext. 33.

August

6-10, MSMS/PSC, Conomikes Medical Office Management Institute, Grand Traverse, Traverse City, Michigan. Contact: Amy Fistler, PSC, Assistant to General Manager (517) 337-1351 Ext. 65.

September

14,15, MSMS/PSC, AMA's Starting Yourself in Medical Practice: Selecting an HMO or Private Practice, Hyatt Regency, Dearborn, Michigan. Contact: Amy Fistler, PSC, Assistant to General Manager (517) 337-1351 Ext. 65.

October

3, MSMS/PSC, Health Law Update, Hyatt Regency, Dearborn, Michigan. Contact: Amy Fistler, PSC, Assistant to General Manager (517) 337-1351 Ext. 65.

AMA Meetings

April

5-8, Tenth Annual Health Reporting Conference, Denver CO. Contact: Jill Stewart, American Medical Association, Dept. of Public Information 535 North Dearborn St., Chicago, IL 60610. (312) 645-5484.

June

24-28, AMA 1990 Annual Meeting, Chicago, IL, Contact: American Medical Association, Dept. of Public Information, 535 North Dearborn St., Chicago, IL 60610.

Michigan Specialty Society Meetings

March

17, The Psychoanalytic Process: Developmental or Integrative? Location: Southfield, MI. Contact: Shirley Seffinger or Collen Jaeger, Michigan Psychoanalytic Society, 16310 W. Twelve Mile Rd., Suite 204, Southfield, MI 48076. (313) 557-8633 or (313) 559-5855.

Continued on page 44

MEETINGS

Continued from previous page

April

10-13, Michigan Society Respiratory Care Spring Meeting. Southfield, MI. Contact: Caroline Kimmel, PSG, Account Executive (517) 337-1351 Ext. 57.

21, Michigan Association for Medical Education Spring Meeting. Novi, MI. Contact: Vi Heins, PSG, Executive Secretary (517) 337-1351 Ext. 56.

May

3, Moral Issues and the Superego in Marital Therapy. Location: Southfield, MI. Contact: Shirley Seffinger or Colleen Jaeger, Michigan Psychoanalytic Society, 16310 W. Twelve Mile Rd., Suite 204, Southfield, MI 48076. (313) 559-5855.

3-5, Michigan Association for Medical Education Spring Meeting. Petoskey, MI. Contact: Viola Heins, PSG, Account Executive (517) 337-1351 Ext. 56.

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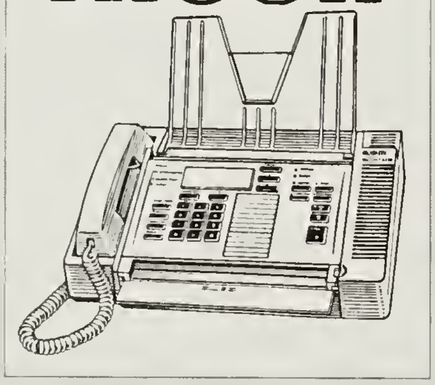

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4-5, Michigan Medical Group Managers Association Spring Meeting. Novi, MI. Contact: Caroline Kimmel, PSG, Account Executive (517) 337-1351 Ext. 57.

5, Michigan Society Internal Medicine Spring Meeting. Southfield, MI. Contact: Caroline Kimmel, PSG, Account Executive (517) 337-1351 Ext. 57.

9, Michigan Allergy Society Spring Meeting. Detroit, MI. Contact: Viola Heins, PSG, Account Executive (517) 337-1351 Ext. 56.

18-19, Michigan Society Pathologists Spring Meeting. Lansing, MI. Contact: Viola Heins, PSG, Account Executive (517) 337-1351 Ext. 56.

June

7-8, Annual Residents/Surgeons Day and Michigan Chapter, American College of Surgeons Annual Meeting. Bellaire, MI. Contact: Viola Heins, PSG, Account Executive (517) 337-1351 Ext. 56.

National Specialty Society Meetings

March

14-18, Wayne State University, School of Medicine, Harper Hospital, St. John Hospital, Head and Neck Rehabilitation Institute-Indianapolis, Prentis Comprehensive Cancer Center, American Cancer Society (Michigan Division),Head and Neck Cancer Rehabilitation International Conference and Workshop, Ritz Carlton Hotel, Dearborn, Michigan. Contact: Wayne State University, School of Medicine, Department of Otolaryngology, 4201 St. Antoine, 5E-UHC, Detroit, MI 48201. (313) 577-0804.

15-17, American College of Obstetricians and Gynecologists,Common Problems in Obstetrics and Gynecology, New York, NY. Contact: ACOG Registrar, (800) 673-8444.

18-22, American College of Cardiology, New Orleans, LA. Contact: (301) 897-5400.

19-23, 28th Annual Meeting of the American Society of Neuroradiology, Los Angeles, CA. Contact: Pat Grosshauser, (708) 574-2780.

21-23, American Society for Clinical Pharmacology & Therapeutics, San Francisco, CA. Contact: (215) 825-3838

23-28, American Academy of Allergy & Immunology, Baltimore, MD. Contact: (414) 272-6071.

29-31, American College of Obstetricians and Gynecologists, Urogynecology, New Orleans, LA. Contact: ACOG Registrar, (800) 673-8444.

April

5-7, American College of Obstetricians and Gynecologists,AIDS, HIV, and Other Viral Infections, Washington, DC. Contact: ACOG Registrar, (800) 673-8444.

26-29, American College of Physicians, Chicago, IL. Contact: (215) 351-2400.

28-5/3, American College of Occupational Medicine, Houston, TX. Contact: (312) 228-6850.

29-5/3, American Association of Neurological Surgeons, Nashville, TN. Contact: (312) 692-9500.

30-5/6, American Academy of Neurology, Miami Beach, FL. Contact: (612) 623-8115.

May

7-10, American College of Obstetricians & Gynecologists, San Francisco, CA Contact: (202) 638-5577.

7-11, American Pediatric Society, Anaheim, CA. Contact: (718) 270-1692.

12-17, American Psychiatric Association, New York, NY. Contact: (202) 682-6193.

13-17, American Urological Association, New Orleans, LA. Contact: (301) 727-1100.

20-24, American Thoracic Society, Boston, MA. Contact: (212) 315-8794.

23-25, American College of Sports Medicine, Salt Lake City, UT. Contact: (317) 637-9200.

27-31, American College of Emergency Physicians, 19th Annual Scientific Assembly, Napa, CA. Contact: CAL/ACEP, (213) 374-4039 or 800-SEK-ACEP.

Other Meetings

April

23-24, Michigan Association for Infant Mental Health, 14th Annual Conference: "Everybody Comes From a Family: Nurturing Through the Life Cycle," University of Michigan, Ann Arbor, Michigan. Contact: The University of Michigan Extension Service, Conference Department, 200 Hill Street, Ann Arbor, Michigan 48104-3297. (313) 764-5304.

CATEGORY I COURSES

Michigan Medicine each month carries a list of opportunities in Michigan for doctors of medicine to obtain Category I credit toward meeting the requirements of Michigan law. Sponsors of Category I programs and courses in Michigan are invited to submit information for the monthly calendar. Each listing below, of programs that carry at least three hours of Category I credit, indicates a contact person so the physician can obtain information. Physicians with questions about accredited programs may phone MSMS headquarters, (517) 337-1351.

March

9-11, The 10th Annual Advances in the Management of Infectious Diseases: Update. Location: South Seas Plantation, Captiva Island, FL. **Sponsor:** University of Michigan Medical School. **Contact:** Gayle Fox, Program Assistant, Office of Continuing Medical Education, G-1100 Towsley Center – Box 0201, University of Michigan Medical School, Ann Arbor, MI 48109-0201. (313) 763-1400. **Approved for:** 12 hours Category I Credit.

10, Environmental Health Hazards: "New Challenges for the Physician." **Location:** Macomb Hospital Center, Warren, MI. **Sponsor:** Detroit-Macomb Hospital Corporation. **Contact:** (313) 499-4917. **Approved for:** 4 hours Category I Credit.

14-18, Head and Neck Cancer Rehabilitation International Conference and Workshop. Location: Ritz Carlton Hotel, Dearborn, MI. **Sponsors:** Wayne State University, Harper Hospital, St. John Hospital, Head and Neck Rehab Institute, Prentis Comprehensive Cancer Center, and American Cancer Society. **Contact:** Wayne State University School of Medicine, Department of Otolaryngology, 4201 St. Antoine, 5E-UHC, Detroit, MI 48201. (313) 577-0804. **Approved for:** 27.5 hours Category I Credit.

17-24, Facial Cutaneous Surgery: Mohs, Reconstructive, Cosmetic. Location: Copper Mountain Resort, Copper Mountain, CO. **Sponsor:** University of Michigan Medical School. **Contact:** Debra DeSmyther, Program Assistant, Office of Continuing Medical Education, G-1100 Towsley Center-Box 0201, University of Michigan Medical School, Ann Arbor, MI 48109-0201. (313) 763-1400. **Approved for:** 30 hours Category I Credit.

20-24, Family Practice – 1990, Fourteenth Annual Spring Review Course. Location: Towsley Center, Ann Arbor, Michigan. **Sponsor:** University of Michigan Medical School. **Contact:** Gayle Fox, Program Assistant, Office of Continuing Medical Education, G-1100 Towsley Center-Box 0201, University of Michigan Medical School, Ann Arbor, MI 48109-0201. (313) 763-1400. **Approved for:** 35 hours Category I Credit.

24, "Managing Acute Hypertension in Pregnancy in the 1990's." Location: William Beaumont Hospital Auditorium, Royal Oak, Michigan. **Sponsors:** William Beaumont Hospital, Department of Internal Medicine and Department of Obstetrics and Gynecology. **Contact:** Liz Kretschmann, Continuing Medical Education Office, William Beaumont Hospital, 3601 W. Thirteen Mile Road, Royal Oak, MI 48073-6769. (313) 551-0429 or 551-0320. **Approved for:** 4 hours Category I Credit.

29-30, Challenges and Changes: Obstetrics and Gynecology in the 1990's. Location: Towsley Center, Ann Arbor, Michigan. **Sponsor:** University of Michigan Medical School. **Contact:** Betty Phillips, Program Assistant, Office of Continuing Medical Education, G-1100 Towsley Center-Box 0201, University of Michigan Medical School, Ann Arbor, MI 48109-0201. (313) 763-1400. **Approved for:** 15 hours Category I Credit.

31, Pediatrics at Beaumont. Location: William Beaumont Hospital, Royal Oak, Michigan. **Sponsors:** William Beaumont Hospital, Department of Pediatrics. **Contact:** Liz Kretschmann, Continuing Medical Education Office, William Beaumont Hospital, 3601 W. Thirteen Mile Road, Royal Oak, MI 48073-6769. (313) 551-0429 or 551-0320. **Approved for:** 5 hours Category I Credit.

April

18-20, Ultrasound In Obstetrics and Gynecology. Location: Towsley Center, Ann Arbor, Michigan. **Sponsor:** University of Michigan Medical School. **Contact:** Gayle Fox, Program Assistant, Office of Continuing Medical Education, G-1100 Towsley Center-Box 0201, University of Michigan Medical School, Ann Arbor, MI 48109-0201. (313) 763-1400. **Approved for:** 21 hours Category I Credit.

20, Basic Life Support for Health Professionals. Location: Towsley Center, Ann Arbor, Michigan. **Sponsor:** University of Michigan Medical School. **Contact:** Karen Brown, Office of Continuing Medical Education, G-1100 Towsley Center-Box 0201, University of Michigan Medical School, Ann Arbor, MI 48109-0201. (313) 763-1400. **Approved for:** 5 hours Category I Credit.

21-22, Advanced Cardiac Life Support Recertification Course. Location: Towsley Center, Ann Arbor, Michigan. **Sponsor:** University of Michigan Medical School. **Contact:** Karen Brown, Office of Continuing Medical Education, G-1100 Towsley Center-Box 0201, University of Michigan Medical School, Ann Arbor, MI 48109-0201. (313) 763-1400. **Approved for:** 16 hours Category I Credit.

28, Obstetrical Ultrasound for the 1990s. Location: William Beaumont Hospital, Royal Oak, Michigan. **Sponsor:** William Beaumont Hospital. **Contact:** Liz Kretschmann, Continuing Medical Education Office, William Beaumont Hospital, 3601 W. Thirteen Mile Road, Royal Oak, MI 48073-6769. (313) 551-0429 or 551-0320. **Approved for:** 4 hours Category I Credit.

May

2-4, Advances in CT and MRI. Location: Towsley Center, Ann Arbor, Michigan. **Sponsor:** University of Michigan Medical School, Department of Radiology. **Contact:** Betty Phillips, Program Assistant, Office of Continuing Medical Education, G-1100 Towsley Center-Box 0201, University of Michigan Medical School, Ann Arbor, MI 48109-0201. (313) 763-1400. **Approved for:** 22 hours Category I Credit.

8-11, 18th Annual Spring Update: Advances in Internal Medicine. Location: Towsley Center, Ann Arbor, Michigan. **Sponsors:** University of Michigan Medical School, Department of Internal Medicine. **Contact:** Gayle Fox, Program Assistant, Office of Continuing Medical Education, G-1100 Towsley Center-Box 0201, University of Michigan Medical School, Ann Arbor, MI 48109-0201. (313) 763-1400. **Approved for:** 32 hours Category I Credit.

11, Basic Life Support for Health Professionals. Location: Towsley Center, Ann Arbor, Michigan. **Sponsor:** University of Michigan Medical School. **Contact:** Karen Brown, Office of Continuing Medical Education, G-1100 Towsley Center-Box 0201, University of Michigan Medical School, Ann Arbor, MI 48109-0201. (313) 763-1400. **Approved for:** 16 hours Category I Credit.

12, Advanced Cardiac Life Support Recertification Course. Location: Towsley

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CATEGORY I COURSES

Continued from previous page

Center, Ann Arbor, Michigan. **Sponsor:** University of Michigan Medical School. **Contact:** Karen Brown, Office of Continuing Medical Education, G-1100 Towsley Center-Box 0201, University of Michigan Medical School, Ann Arbor, MI 48109-0201. (313) 763-1400. **Approved for:** 7 hours Category I Credit.

17-18, The Restenosis Summit II. Location: Towsley Center, Ann Arbor, Michigan. **Sponsors:** University of Michigan Medical School, Division of Cardiology, Department of Internal Medicine. **Contact:** Debra DeSmyther, Program Assistant, Office of Continuing Medical Education, G-1100 Towsley Center-Box 0201, University of Michigan Medical School, Ann Arbor, MI 48109-0201. (313) 763-1400. **Approved for:** 16 hour Category I Credit.

17-19, Microscopic Endolaryngeal Surgery: New and Advanced Techniques of Diagnosis and Treatment. Location: Towsley Center, Ann Arbor, Michigan. **Sponsors:** University of Michigan Medical School, and Department of Otolaryngology-Head and Neck Surgery. **Contact:** Gayle Fox, Program Assistant, Office of Continuing Medical Education, G-1100 Towsley Center-Box 0201, University of Michigan Medical School, Ann Arbor, MI 48109-0201. (313) 763-1400. **Approved for:** 34 hours Category I Credit.

June

4-8, Microvascular Workshop for Otolaryngologists and Head and Neck Reconstructive Surgeons. Location: Towsley Center, Ann Arbor, Michigan. **Sponsors:** University of Michigan Medical School, Department of Otolaryngology – Head and Neck Surgery, and the American Academy of Facial Plastic and Reconstructive Surgery. **Contact:** Debra DeSmyther, Program Assistant, Office of Continuing Medical Education, G-1100 Towsley Center-Box 0201, University of Michigan Medical School, Ann Arbor, MI 48109-0201. (313) 763-1400. **Approved for:** 41 hours Category I Credit.

6-8, Current Topics in Blood Banking: 17th Annual Symposium. Location: Towsley Center, Ann Arbor, Michigan. **Sponsors:** University of Michigan Medical School, Department of Pathology. **Contact:** Gayle Fox, Program Assistant, Office of Continuing Medical Education, G-1100 Towsley Center-Box 0201, University of Michigan Medical School, Ann Arbor, MI 48109-0201. (313) 763-1400. **Approved for:** 12 hours Category I Credit.

13-15, Clinical Laboratory Computer Symposium. Location: Towsley Center, Ann Arbor, Michigan. **Sponsors:** University of Michigan Medical School, Deptartment of Pathology. **Contact:** Debra DeSmyther, Program Assistant, Office of Continuing Medical Education, G-1100 Towsley Center-Box 0201, University of Michigan Medical School, Ann Arbor, MI 48109-0201. (313) 763-1400. **Approved for:** 16 hours Category I Credit.

July

20-23, Sixteenth Annual Advances in the Management of Infectious Diseases. Location: Grand Hotel, Mackinac Island, Michigan. **Sponsors:** University of Michigan Medical School, Department of Internal Medicine. **Contact:** Betty Phillips, Program Assistant, Office of Continuing Medical Education, G-1100 Towsley Center-Box 0201, University of Michigan Medical School, Ann Arbor, MI 48109-0201. (313) 763-1400. **Approved for:** 11 hours Category I Credit.

26-27, Coller Penberthy Thirlby Medical Conference. Location: Grand Traverse Resort, Traverse City, Michigan. **Sponsor:** Munson Medical Center. **Contact:** Elaine Gaines, Medical Education Secretary, Munson Medical Center, 1105 Sixth Street, Traverse City, MI 49684-2386. (616) 922-9546.

24-27, Cardiology Update. Location: Grand Hotel, Mackinac Island, Michigan. **Sponsors:** University of Michigan Medical School, Department of Internal Medicine. **Contact:** Betty Phillips, Program Assistant, Office of Continuing Medical Education, G-1100 Towsley Center-Box 0201, University of Michigan Medical School, Ann Arbor, MI 48109-0201. (313) 763-1400. **Approved for:** 10 hours Category I Credit.

August

3-5, Diabetes & Endocrinology Update – 1990. Location: Grand Traverse Resort Village, Grand Traverse Village, Michigan. **Sponsors:** University of Michigan Medical School, Division of Endocrinology and Metabolism, Department of Internal Medicine. **Contact:** Registrar, Office of Continuing Medical Education, G-1100 Towsley Center-Box 0201, University of Michigan Medical School, Ann Arbor, MI 48109-0201. (313) 763-1400. **Approved for:** 7 hours Category I Credit.

CLASSIFIEDS

The rate for classified advertising in Michigan Medicine is 80 cents per word, with a minimum charge of $40.00. Copy for classified advertisements should be received not later than the first of the month preceding the month of publication.

POSITIONS OPEN

ANESTHESIOLOGIST TO JOIN group consisting of 6 anesthesiologists and 3 CRNAs. Must be board eligible or board certified. Established PC with many fringe benefits in effect. Send CV to Associated Anesthesiologists of Saginaw, PC, 3121 Davenport, Saginaw, MI 48602 or call (517) 791-2150.

ANN ARBOR SUBURB. Are you a family practitioner or an internist with some interest in pediatrics? Be an independent practitioner with the benefits of belonging to a group. Managed practice. On call 1:3. First year income guarantee and benefits including paid malpractice premium. For more information about these opportunities and others call: Marion Novack, Senior Associate, E.G. Todd Associates, 535 5th Avenue, New York, NY 10017 (212) 599-6200 collect or (800) 221-4762. Confidentially respected.

DERMATOLOGIST, PSYCHIATRIST, ALLERGIST, INTERNAL MEDICINE, FAMILY PRACTICE — A progressive 126-bed, two-hospital system is seeking the above specialties to establish practices in the Iron Mountain area of Michigan's Upper Peninsula. Must be BE-/BC. Located 100 miles north of Green Bay, Wisconsin, Dickinson County Hospitals has a medical staff of 45 full-time physicians and a total service area population of over 45,000. Diagnostic capabilities include a CT scanner, C02 laser, and a fully-staffed special diagnostic department. CONTACT: John Schon, Administrator, Dickinson County Hospitals, 400 Woodward Avenue, Iron Mountain, MI 49801 (906) 779-4500.

EMERGENCY PHYSICIANS — Port Huron area. Low volume, 10,000 to 12,000 annual visits. Twelve- or 24-hour shifts. Salary or hourly. Send CV to Mr. Joseph L. Romain, 18161 West 13 Mile Road, Suite A-2, Southfield, MI 48076 or call (313) 642-9878.

EMERGENCY PHYSICIANS — Two positions available for Board Certified or Emergency Medicine Residency-Trained Physicians for suburban Detroit teaching hospital. Fee for service – 65% of gross receipts. Minimum starting rate $70/hr. Partnership available. Please send CV to P. O. Box 2770, Southfield, MI 48037 or call (313) 642-9893.

EXCELLENT PHYSICIAN OPPORTUNITY — High caliber, patient-oriented **internal medicine, family practice,** or **med/ped women physician** desired for primary care setting. Northern Oakland County. Part time woman **gyn** physician also available. Contact Susan E. Coleman, MD, Medical Director, Women's Health Center of Clarkston. (313) 625-6660.

FAMILY MEDICINE PHYSICIANS – PRACTICE OPPORTUNITIES. Providence Hospital is seeking Board Eligible/Certified Family Physicians for practice opportunities in the providence network or family health centers. These family health centers serve Western Wayne and Oakland counties. Core groups of family physicians create an atmosphere conducive to the practice of family medicine. Access to tertiary care and family-centered obstetrical care available. All practice opportunities sponsored by Providence Hospital, Department of Family Practice. An excellent salary and benefit program await the selected individuals interested in true family medicine. Please forward a curriculum vitae in confidence to: Rob Stenberg, Senior Associate, Bernie Hoffman Associates, Inc., 15565 Northland Drive, Suite 800 East, Southfield, MI 48075 Phone: (313) 557-9340.

FAMILY PHYSICIAN AND GENERAL SURGEON sought for lovely growing NE Indiana town. Join existing practices or enjoy solo with coverage. Forty miles from major city, this community offers both rural and city advantages. Excellent income guarantee and benefits, progressive modern hospital with young medical staff and low malpractice. Contact, in confidence, Cheryl Broderick, (508) 688-9063 (COLLECT). E.G. Todd is a physician search firm, with opportunities nationwide in all specialties. All inquiries confidential. Fees paid by clients, not physician candidates.

FAMILY PRACTICE – HOSPITAL-SPONSORED clinic opportunity. Dynamic, growth-oriented hospital in beautiful North Central Wisconsin is seeking two family physicians for a new clinic facility currently being constructed. The administrative burdens of medical practice will be minimized in this hospital-managed clinic. The hospital has committed to an income and benefit package which is significantly higher than similar opportunities. Package includes base income, incentive bonus, malpractice, disability, signing bonus, and student loan reduction/forgiveness program. All relocation costs will be borne by the hospital. Please contact Dan McCormick, President, Allen McCormick, France Place, Suite 920, 3601 Minnesota Drive, Bloomington, MN 55435 (612) 835-5123.

FAMILY PRACTICE – Physicians seeking a BE/BC family practice physician for the Norway, Michigan, service area. The physician would have the option of joining one of the existing practices and/or setup his/her own practice. Anderson Memorial Hospital is a part of Dickinson County Hospitals and has a service area population of over 45,000. Contact: Dr. Paul Hayes, Anderson Memorial Hospital, Main Street, Norway, MI 49870 (906) 563-9243 or office (906) 563-9255.

FAMILY PRACTITIONER BC/BE for Chief-of-Staff/Physician at the Health Center, Northern Michigan University in Marquette. Family-oriented environment with recreational opportunities in scenic Upper Peninsula on the shores of Lake Superior. Deliver medical care, coordinate services, consult on policy and provide preventive programming. Minimum: Michigan licensed/eligible; experience in office gynecology essential; interest in young people and preventive medical programs. Competitive salary/benefits. Send letter of application, resume, transcripts, credentials and 3 letters of recommendation to: Barbara Updike, Personnel Assistant-Employment, 204 Cohodas Administrative Center, Northern Michigan University, Marquette, MI 49855 or call (906) 227-2330. Applications will be accepted until the position is filled. An Equal Opportunity/Affirmative Action Employer.

FULL TIME, PART TIME, AND LOCUM TENENS. GPs, PPs, and Emergency Physicians needed to staff a network of convenience medical care centers located in Bay City, Saginaw, Midland, and Mt. Pleasant, Michigan. Flexible hours and attractive compensation packages. Send CV to or contact Euclid Medical Group, PC, 1420 Center Avenue, Bay City, MI 48708 (517) 892-1199.

GENERAL INTERNIST: Marshfield Clinic, a multispecialty group practice with 350 physicians, is seeking BE/BC general internists to join its 30-member section in Marshfield and three expanding regional centers in Northwestern and North Central Wisconsin. An Internal Medicine Residency Program, University of Wisconsin Medical School affiliation and Medical Research Foundation contribute to a very stimulating practice environment. Positions offer strong economic stability combined with exceptional recreational, cultural, and educational opportunities. Starting salaries up to $92,100 with salary in two years up to $116,400. Fringe benefit package is outstanding. Send CV to: David L. Draves, Director Regional Development, 1000 North Oak Avenue, Marshfield, WI 54449, or call collect at (715) 387-5376.

GENERAL PRACTICE CLINICAL OPPORTUNITY available for qualified family practitioner or internist in Oscoda, MI. Clinic hours are 8 a.m. to 5 p.m., Monday-Friday. Patient appointments are scheduled in 15-minute intervals. Competitive hourly reimbursement with potential to receive monthly overages. CME, relocation assistance and outstanding occurrence malpractice insurance. For more information, contact Ben Hatten, Spectrum Emergency Care, P. O. Box 27352, St. Louis, MO 63141, or (800) 325-3982 ext. 3004.

GRAND RAPIDS: Progressive, established group of residency-trained, board-certified

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CLASSIFIEDS

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emergency physicians seek additional member. Must love emergency medicine and have sense of humor. Group has excellent practice of six years in newly-renovated department in 350-bed hospital. Full departmental status with excellent relationship with medical staff. Transcribed dictated charts and computer information systems in the department. Patient volume is 32,000. We have a high degree of participation in EMS system and also teach residents in the ED with house staff in all specialties except EM and PEDS. The initial compensation is over $125,000. Malpractice, health, and disability insurance as well as $2,000 education allowance the first year. Progressive community with arts and cultural opportunities. Beach, water, fishing, hunting, and outdoors activities. Send CV or contact: William C. Daney, MD, FACEP, Chairman, Department of Emergency Medicine, Saint Mary's Health Services, 200 Jefferson SE, Grand Rapids, MI 49503 (616) 774-6789.

HISTORIC RIVER CITY in southern Minnesota, population 30,000, service area 40,000+. Second **ortho** sought for modern hospital and clinic building. Excellent practice potential in beautiful city in wooded hills along the Mississippi, not far from Minneapolis or Madison. Interest in sports medicine a plus, but not requisite. $150,000 guarantee. Excellent diverse economy, no managed care. If you are interested in learning more about this opportunity, or if we can assist you in locating an opportunity, please call Greg Peterson, E.G. Todd Associates, at (800) 776-7330 or collect (913) 341-7806.

INTERNIST – GREAT OPPORTUNITY! Very busy, young solo internist seeking ambitious associate. Family-oriented community on Lake Winnebago with a population of 40,000. No HMO's or PPO's. A unique opportunity for someone who is genuinely interested in Internal Medicine and in its subspecialities. An interest in critical care would be of importance. Send CV's to Michael Sergi, MD, 14 North Main Street, Fond du Lac, WI 54935.

MICHIGAN STATE UNIVERSITY AND ST. LAWRENCE HOSPITAL SEEK BE/BC RHEUMATOLOGIST to join an established MSU physician in a salaried clinical practice with 50% research and teaching. Offices and research facilities will be located in brand new medical office/sports complex across from one of the most beautiful campuses in the midwest. Central Michigan college town of 470K has excellent schools and lots of family-oriented cultural & leisure activities. For information, call Therese O'Brien, Tyler & Company (404) 641-6408.

MINNESOTA — Hospital in beautiful historic river city in southern Minnesota seeking **Director of Psychiatry**. 12-bed inpatient adult and adolescent unit, outpatient CD and Day Hospital programs. Recruitment strongly supported by medical staff and community mental health center. Client flexible about structuring practice around physician's interests. City has two colleges with 7,000 students, Victorian homes, and new homes set back in the wooded hills surrounding the city. For information, call Greg Peterson, E.G. Todd Associates, at (800) 776-7330, or collect (913) 341-7806.

MINNESOTA – LAKES AND TREES. Family Physician to join 5 others in progressive multi-specialty group including internal medicine and surgery. Outstanding 42-bed district hospital with 130-bed long-term care facility. Excellent schools and services with easy access to Metro area. Guaranteed salary, full benefits, and bonus. Position available immediately. For confidential consideration and further information, contact: Mary Jo Cordes, MDsearch, P. O. Box 21507, St. Paul, MN 55121. Call collect: (612) 454-7291.

NORTH DAKOTA – A busy and varied urology practice can be anticipated with this 36-physician multispecialty group. Two hospitals in city of 35,000. Guarantee and excellent benefit package with signing bonus. Call or write George Ivekich, 250 Regency Court, Waukesha, WI 53186, (800) 338-7107. No costs or obligations involved.

NORTHERN MICHIGAN MEDICAL CORPORATION seeking general practice physicians. Well-established family practice with 90+ bed hospital with various specialties available. Five medical clinics with small town atmosphere in nice retirement and vacation areas. $100,000 annual salary with benefits and opportunity to become corporate shareholder. Reply to: Edna Rydd, Corporate Office, P. O. Box 509, Rose City, MI 48654. (517) 685-3366.

OB-GYN / FAMILY PRACTICE / PEDIATRICS / INTERNAL MEDICINE: Several attractive opportunities in *Wisconsin, Michigan, and Indiana* (many on lakes) for BC/BE physicians. Contact Bob Strzelczyk to discuss *your* practice requirements and these positions. **STRELCHECK & ASSOCIATES, INC.;** 12724 N. Maplecrest Lane; Mequon, WI 53092; (800) 243-4353.

ORTHOPEDIC SURGEON — A progressive 126-bed, two-hospital system is seeking an orthopedic surgeon to join an established practice in the Iron Mountain area of Michigan's Upper Peninsula. Must be BE/BC. Dickinson County Hospitals has a medical staff of 45 full-time physicians and a total service area population of over 45,000. Dr. Roberts will guarantee $250,000 plus malpractice insurance, office space, CME, vacation and relocation expenses. CONTACT: John Schon, Administrator, Dickinson County Hospitals, 400 Woodward Avenue, Iron Mountain, MI 49801 (906) 779-4500.

PEDIATRICS – Young dynamic pediatric group seeks motivated, well trained associate. Large, busy practice with three offices. Two teaching hospitals. Excellent salary and benefit package. Opportunity for partnership and academic appointment. Beautiful southwest Michigan university community. Abundant cultural and recreational opportunities. Diverse economic base. Good schools. Send CV to *Michigan Medicine*, 120 W. Saginaw, Box 111-TLT, East Lansing, MI 48826-0950.

PHYSICIAN WANTED: Enthusiastic General Practitioner or Internist, full or part-time, may be semi-retired. Days only. Southfield area doctor's office/walk-in care facility. Call Mr. Corey days: (313) 557-5155, evenings: (313) 661-0404.

PRIMARY CARE PHYSICIAN: Marshfield Clinic is seeking a Primary Care physician to join its expanding seven-member Emergency Medicine Department. Emergency medicine, urgent and ambulatory care, plus supervision and training of ER staff contribute to a very stimulating practice environment. More than 26,000 ER visits and 13,000 ambulatory care visits annually. Specialists representing all branches of medicine and surgery provide support care and services. Marshfield Clinic is a private group practice consisting of 350 physicians and is physically adjacent to Saint Joseph's Hospital, a 525-bed acute care teaching facility. Send curriculum vitae to: John P. Folz, Assistant Director, Marshfield Clinic, 1000 North Oak Avenue, Marshfield, WI 54449 or call collect at (715) 387-5181.

RADIOLOGIST – A three-man radiology group is seeking a fourth radiologist with experience and interest in interventional radiology. Dickinson County Hospitals is a progressive 126-bed, two-hospital system located in Iron Mountain, Michigan's Upper Peninsula. We have a service area population of over 45,000. Contact and/or send resume to: Doctors Specht/Shampo/Manzano, Radiology Department, Dickinson County Hospitals, 400 Woodward Avenue, Iron Mountain, MI 49801 (906) 779-4565.

SOUTHWEST MICHIGAN: PHYSICIAN FOR COMMUNITY EMERGENCY DEPARTMENTS and urgent care center. Board Eligible or certified in emergency medicine/internal medicine/family practice/general surgery or appropriate emergency medicine experience. Competitive salary and benefits. Physician staffed helicopter available to qualified individual. Excellent recreational area with abundant cultural opportunities. Send CV to Kalamazoo Emergency Associates, PC, 6600 S. Westnedge

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CLASSIFIEDS

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#101, Portage, MI 49002. May contact Lisa Semon (616) 329-3200.

TRAVERSE CITY (GRAND TRAVERSE BAY-LAKE MI). Expanding 9-member group seek **internist** and/or **Rheum, Pul, Endo, GI.** Rapid growth area with small city atmosphere. Family oriented, excellent schools/college, cultural center Interlochen Arts Academy. Four-season rec area adjacent to regional referral hosp. with CT, MRI, RoRx, Card Surg. (616) 947-9320.

UROLOGIST: BC/BE WANTED TO JOIN busy solo practice in growing southeastern Michigan community. Immediate opening. Potential for partnership. Please contact: D. V. Ramana, MD, 2092 Old Hickory Blvd., Davison, MI 48423 (313) 653-3498.

WANTED: FULL AND PART TIME PRIMARY CARE PHYSICIANS for urgent care walk-in clinics, multiple locations. Flexible hours, no hospital duties. Excellent compensation and incentives. Paid malpractice insurance. Full-time benefits include medical society dues, health, life, and disability insurance. Send CV to: Outpatient Medical Clinics, P. O. box 610948, Port Huron, MI 48061.

PRACTICES FOR SALE

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PRESIDENT'S PAGE

"The Battered Image Syndrome" – We *Can* Overcome It

By Robert E. Paxton, MD

We provide advanced medical care! We do more for our patients! Technology abounds! Yet we are less appreciated and are maligned, sued and "bashed" more than ever before, or so it seems to many physicians. Approximately 72 percent of the nation's doctors think they are less respected by the public, and 40 percent are so dissatisfied with medicine they would not choose it again as a career.

This same perception was evident among physicians during MSMS focus group discussions conducted throughout the state last spring and summer. Focus group participants concluded that MSMS should make improvement of the physicians' image a top priority. Why do we suffer from "the battered image syndrome?"

When I first entered practice, the doctor indeed was respected. The family held its physician with a genuine respect mixed with awe. In fact, the whole profession was admired by the public. It was special to be a doctor.

Some of this esteem for one's own physician has endured. But today there is an overall distrust of our profession and doctor "bashing" has reached a pinnacle. Government badgers and regulates us unmercifully. Malpractice threats and cost containment measures create an adversarial role for us with our patients. As *TIME* magazine put it, a medical-industrial complex is second-guessing every physician decision.

I often ask myself, "Why did this unfortunate metamorphosis occur?" Afterall, our goals have remained the same. To know the answer to this question might help you and me to identify ways that, as individuals and as a society, we can remove the tarnish, even heal the "syndrome," and restore a positive image of physicians — not as gods on untouchable pedestals, but rather as caring, compassionate friends and advisors who work with patients to carefully guide their decisions toward a sound, healthy body and mind.

A look into the past

Let's review what has happened. Just over 50 years ago, medicine was considered primarily an art with a spattering of scientific influence. The doctor was depicted as the generalist holding the hand of a sick child through a crisis in the wee hours of the morning. He was revered! Now when technology can create miracles, expectations rise and the doctor seems to be lost in the very technology he utilizes. If outcomes are undesirable, he assumes a legal responsibility. The strain becomes greater with increasing specialization and sub-specialization. The doctor/patient relationship becomes somewhat distant.

Earlier in time, a physician shortage demanded considerable sacrifice by the doctor, which was appreciated by the public. Mistakes were forgiven and financial success actually applauded. Then the shortage was alleviated, professional competition developed, and a sacrificing, dedicated image was replaced by the Cadillac/country club caricature.

The antiprofessional movement of the 1960s caught on and our profession was one of its victims. Self control of one's body became the key word and the litigious attitude flared across the country like a wild fire. Professional liability, cost containment activity and managed care placed a wedge between doctor and patient. Freedom of choice was curtailed and physicians became strangers viewed with suspicion by skeptical patients.

Emphasis on the changing environment and competition led to advertising and we found ourselves in the same arena with the used car dealers — hawking a product to the public rather than depending upon relationships, service and quality to attract patients. Not least was the change in our demeanor with a deterioration in our dress and appearance. We also substituted familiarity for cooperation and respect continued to drop.

What can we do?

As a society, MSMS is initiating the *C.A.R.I.N.G Campaign, A Program to Promote the Positive Public Perception of Physicians.* I am excited about the *C.A.R.I.N.G. Campaign* because it is based on the concerns and suggestions of physicians at the local level. Its main focus is to help local physicians and their county medical societies become more visible in their communities. MSMS staff is busy putting together the specifics of this program. Details of the program will be the subject of next month's cover story in *Michigan Medicine.* I encourage all of you to study it carefully. After all, when it comes to our image, we have a personal responsibility.

I have but one more President's Page left before my term as MSMS president expires. Next month, I will leave you with some final thoughts and bid you all a fond farewell. In the meantime, I ask each and every one of you to work hard to strengthen the doctor/patient relationship. Be caring and compassionate. Offer quality care.

Find time to be a part of the community. Take an interest in environmental and social issues. Remember the historical role that physicians have played and place emphasis upon those things in life which have true and lasting value. If you and I strive to serve mankind in this direction, we will fully recover from "the battered image syndrome," and medicine will once again find itself secure in society. ■

Doctor Paxton is MSMS president.

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MICHIGAN MEDICINE

14 **COVER STORY**
The new C.A.R.I.N.G. Campaign, *designed to "promote the positive public perception of physicians," is one of* the *most important programs launched by MSMS, according to MSMS President Robert E. Paxton, MD. "I view it as an exciting project with an overtone of urgency," he says. "It leads the way in Michigan at the same time the AMA tackles the problem on a national level." Several factors led to the creation of the* C.A.R.I.N.G. Campaign. *Those factors, plus the goals and objectives of the campaign, are the subject of this month's cover story. Also included are brief descriptions of several of the campaign's projects already underway, and an article on how to deal with the media.*

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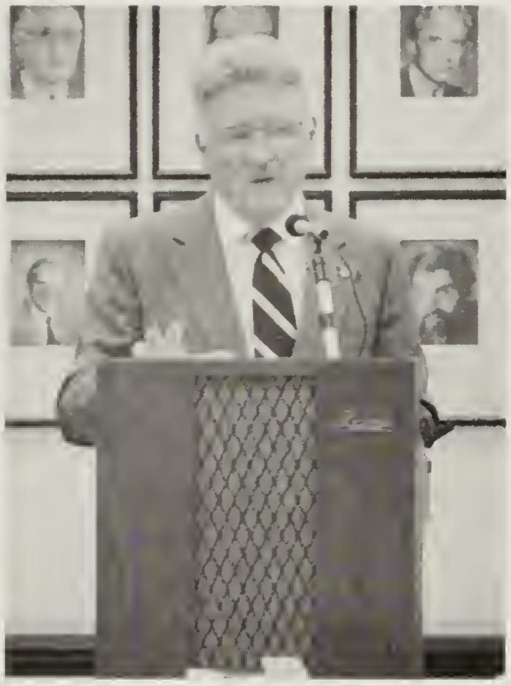
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Cover illustration by: *Robert L. Brent.*

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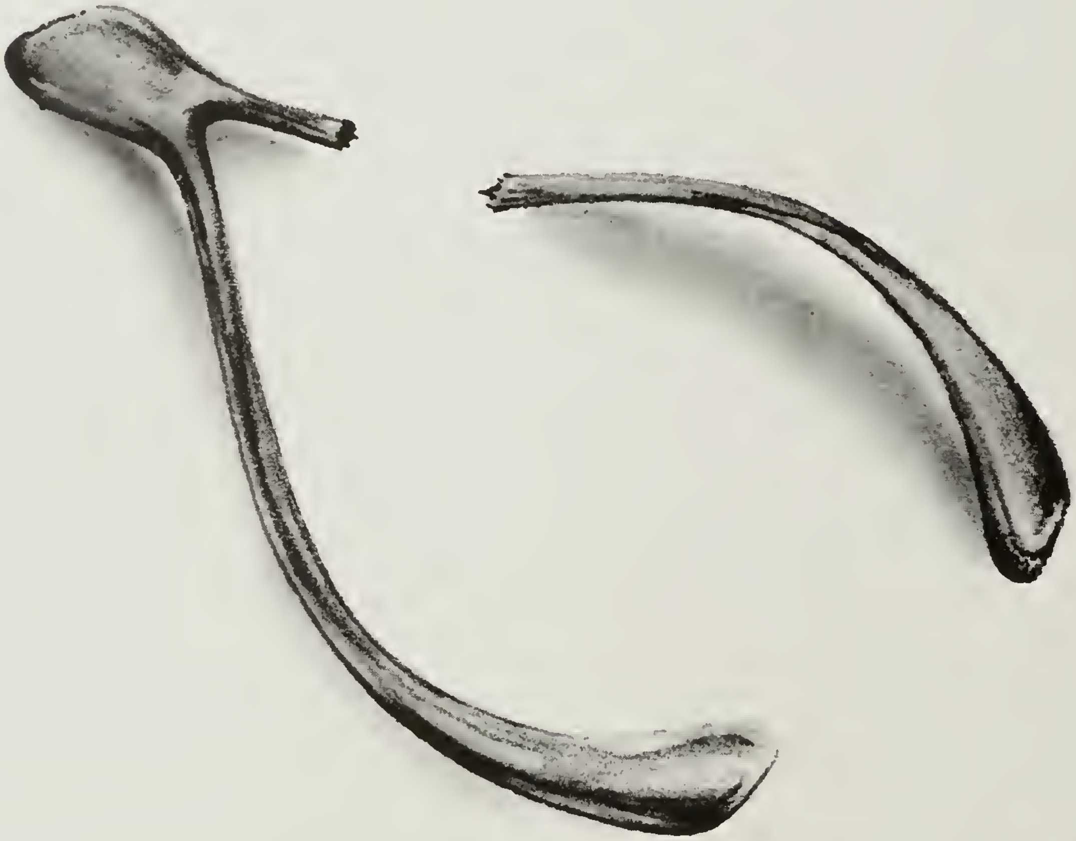

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IN MY OPINION

The bonds between MSMS and MSMSA are growing stronger every day

By Suzi Pederson

The Michigan State Medical Society Auxiliary is one of the best public relation organizations Michigan medicine has.

We all know these are difficult times for medicine across the nation. Outside forces including PPOs, HMOs, governmental agencies, insurance companies and peer review structures are pitting physician against physician. In Michigan we have not only these forces but a gigantic problem — THE MEDICAL LIABILITY CRISIS.

But we are all here and most of us plan to stay because we like the state of Michigan and our roots are here.

Physicians are busy people...physician spouses are busy people too. I may be prejudiced, but I sometimes feel we are busier. Physician spouses not only manage households, but have careers and are people the community looks to for leadership because they have the talent, education and ambition to improve our communities. Gone are the days when the auxiliary was almost 100 percent female with tea parties and social activities designed only to get the spouse away from the hum drum routine of household chores.

We must accommodate all segments of the Auxiliary: the foreign-born, the career person, the male, the young and the retired.

No one else in the world understands the stresses of living with a physician spouse who daily makes life and death decisions, and then constantly looks over their shoulder for the process server. At least, this is what happens in Michigan. And when there is a lawsuit or the threat of one, who can you talk to? Not even a close family member understands. The Auxiliary is a gigantic support group and also does good work in the community.

Auxilians are involved in health projects to better our communities, such as the “Say No to Drugs” poster. We are raising money — $37,000 last year — for the education of future physicians through AMA-ERF.

As I alluded to earlier, a problem that binds us all together, a problem that is first and foremost on all our minds, is the medical liability crisis. We must get the message to the public that this is not only our problem but theirs. It is costing the citizens of this state vast sums of money and more frightening, it is limiting their access to care. The liability video, a joint effort of MSMSA and MSMS, was the brainchild of the legislative chairmen of the Auxiliary. Now we are distributing it throughout the state with the same efficiency we did the “Say No to Drugs” poster.

The bonds between MSMS and MSMSA are growing stronger all the time. The MSMSA president now attends the MSMS board meetings. This gives us insight into the workings and projects of the society so we may work more closely with them and unify our efforts. William Madigan, MSMS executive director, and our leadership have held numerous meetings to accomplish this unity between the Society and the Auxiliary. We have scheduled these meetings to continue on a regular basis.

May 7-9 we will hold our 64th Annual Session at Bay Valley Hotel and Resort, Bay City. In addition to conducting business, there will be time for socializing and listening to interesting speakers. We hope we will see many of you “at the water's edge, where the fun begins!”

Suzi Pederson is MSMSA president.

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References

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3. *Data on file. Lilly Research Laboratories.*
4. *Scand J Gastroenterol 1987;22(suppl 136):61-70.*
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Carcinogenesis, Mutagenesis, Impairment of Fertility—A two-year oral carcinogenicity study in rats with doses as high as 500 mg/kg/day (about 80 times the recommended daily therapeutic dose) showed no evidence of a carcinogenic effect. There was a dose-related increase in the density of enterochromaffin-like (ECL) cells in the gastric oxyntic mucosa. In a two-year study in mice, there was no evidence of a carcinogenic effect in male mice, although hyperplastic nodules of the liver were increased in the high-dose males as compared with placebo. Female mice given the high dose of Axid (2,000 mg/kg/day, about 330 times the human dose) showed marginally statistically significant increases in hepatic carcinoma and hepatic nodular hyperplasia with no numerical increase seen in any of the other dose groups. The rate of hepatic carcinoma in the high-dose animals was within the historical control limits seen for the strain of mice used. The female mice were given a dose larger than the maximum tolerated dose, as indicated by excessive (30%) weight decrement as compared with concurrent controls and evidence of mild liver injury (transaminase elevations). The occurrence of a marginal finding at high dose only in animals given an excessive and somewhat hepatotoxic dose, with no evidence of a carcinogenic effect in rats, male mice, and female mice (given up to 360 mg/kg/day, about 60 times the human dose), and a negative mutagenicity battery are not considered evidence of a carcinogenic potential for Axid.

Axid was not mutagenic in a battery of tests performed to evaluate its potential genetic toxicity, including bacterial mutation tests, unscheduled DNA synthesis, sister chromatid exchange, mouse lymphoma assay, chromosome aberration tests, and a micronucleus test.

In a two-generation, perinatal and postnatal fertility study in rats, doses of nizatidine up to 650 mg/kg/day produced no adverse effects on the reproductive performance of parental animals or their progeny.

Pregnancy—Teratogenic Effects—Pregnancy Category C—Oral reproduction studies in rats at doses up to 300 times the human dose and in Dutch Belted rabbits at doses up to 55 times the human dose revealed no evidence of impaired fertility or teratogenic effect; but, at a dose equivalent to 300 times the human dose, treated rabbits had abortions, decreased number of live fetuses, and depressed fetal weights. On intravenous administration to pregnant New Zealand White rabbits, nizatidine at 20 mg/kg produced cardiac enlargement, coarctation of the aortic arch, and cutaneous edema in one fetus, and at 50 mg/kg, it produced ventricular anomaly, distended abdomen, spina bifida, hydrocephaly, and enlarged heart in one fetus. There are, however, no adequate and well-controlled studies in pregnant women. It is also not known whether nizatidine can cause fetal harm when administered to a pregnant woman or can affect reproduction capacity. Nizatidine should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Nursing Mothers—Studies in lactating women have shown that 0.1% of an oral dose is secreted in human milk in proportion to plasma concentrations. Because of growth depression in pups reared by treated lactating rats, a decision should be made whether to discontinue nursing or the drug, taking into account the importance of the drug to the mother.

Pediatric Use—Safety and effectiveness in children have not been established.

Use in Elderly Patients—Healing rates in elderly patients were similar to those in younger age groups as were the rates of adverse events and laboratory test abnormalities. Age alone may not be an important factor in the disposition of nizatidine. Elderly patients may have reduced renal function.

Adverse Reactions: Clinical trials of varying durations included almost 5,000 patients. Among the more common adverse events in domestic placebo-controlled trials of over 1,900 nizatidine patients and over 1,300 on placebo, sweating (1% vs 0.2%), urticaria (0.5% vs <0.01%), and somnolence (2.4% vs 1.3%) were significantly more common with nizatidine. It was not possible to determine whether a variety of less common events was due to the drug.

Hepatic—Hepatocellular injury (elevated liver enzyme tests or alkaline phosphatase) possibly or probably related to nizatidine occurred in some patients. In some cases, there was marked elevation (>500 IU/L) in SGOT or SGPT and, in a single instance, SGPT was >2,000 IU/L. The incidence of elevated liver enzymes overall and elevations of up to three times the upper limit of normal, however, did not significantly differ from that in placebo patients. Hepatitis and jaundice have been reported. All abnormalities were reversible after discontinuation of Axid.

Cardiovascular—In clinical pharmacology studies, short episodes of asymptomatic ventricular tachycardia occurred in two individuals administered Axid and in three untreated subjects.

CNS—Rare cases of reversible mental confusion have been reported.

Endocrine—Clinical pharmacology studies and controlled clinical trials showed no evidence of antiandrogenic activity due to nizatidine. Impotence and decreased libido were reported with equal frequency by patients on nizatidine and those on placebo. Gynecomastia has been reported rarely.

Hematologic—Fatal thrombocytopenia was reported in a patient treated with nizatidine and another H_2-receptor antagonist. This patient had previously experienced thrombocytopenia while taking other drugs. Rare cases of thrombocytopenic purpura have been reported.

Integumental—Sweating and urticaria were reported significantly more frequently in nizatidine- than in placebo-treated patients. Rash and exfoliative dermatitis were also reported.

Hypersensitivity—As with other H_2-receptor antagonists, rare cases of anaphylaxis following nizatidine administration have been reported. Because cross-sensitivity among this class has been observed, H_2-receptor antagonists should not be administered to those with a history of hypersensitivity to these agents. Rare episodes of hypersensitivity reactions (eg, bronchospasm, laryngeal edema, rash, and eosinophilia) have been reported.

Other—Hyperuricemia unassociated with gout or nephrolithiasis was reported. Eosinophilia, fever, and nausea related to nizatidine have been reported.

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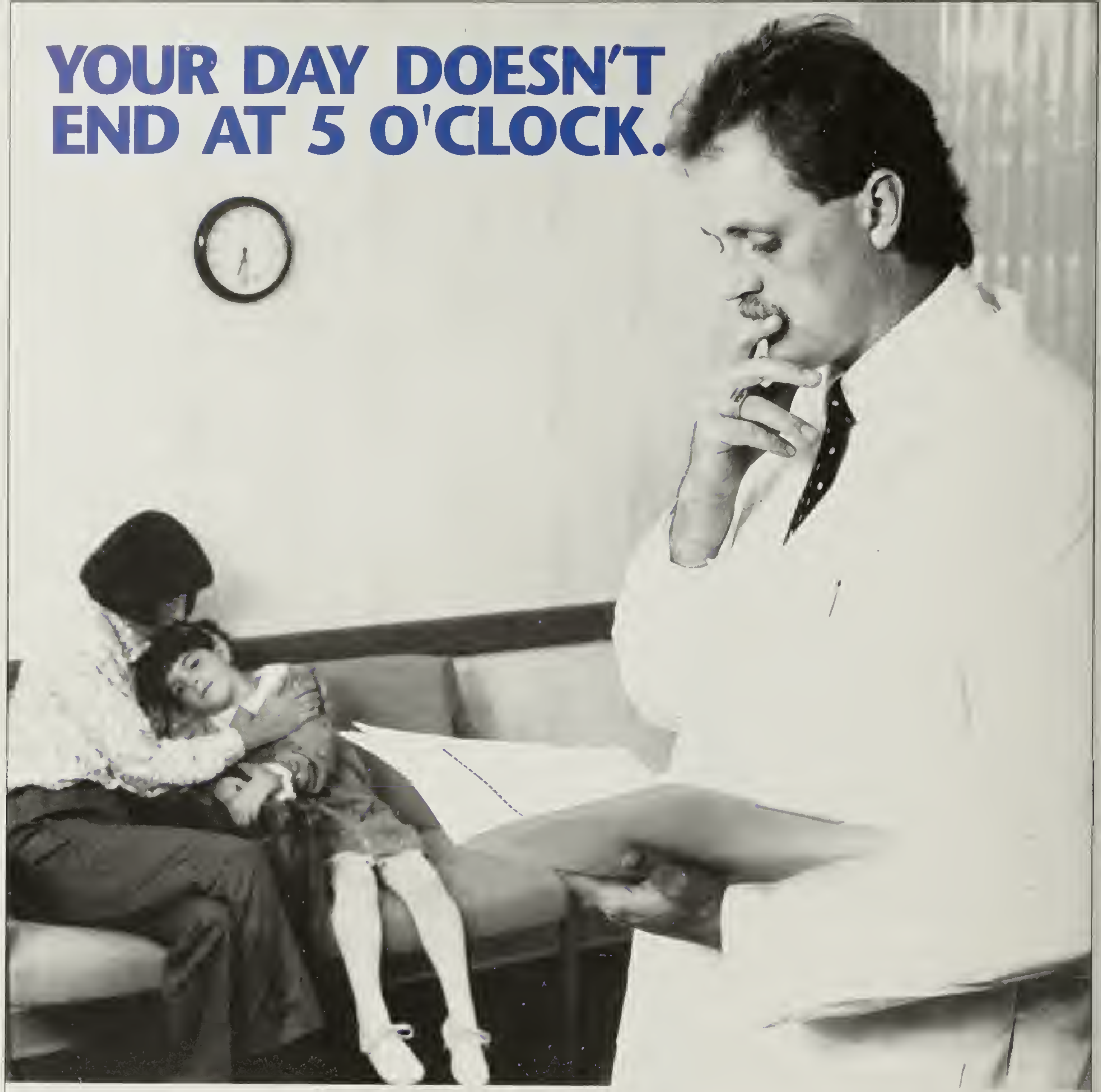
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MEDICAL NEWSFRONTS

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Curbing teenage pregnancy may not lower infant mortality rates, U-M reports

The belief that preventing teenage girls from bearing children will reduce the infant mortality rate may be false, according to a University of Michigan researcher.

"The vast majority of teenage childbearing occurs within low-income groups living in the inner cities and in isolated rural areas," explained Arline T. Geronimus, assistant professor of public health policy and administration at the U-M School of Public Health. "For socioeconomic reasons, women in these poverty-stricken areas are healthier during their adolescence than they are in their 20s, so they are less likely to lose their infants when they are teenage mothers than if they wait."

Geronimus, presenting her research at the American Association for the Advancement of Science in New Orleans, argued that infant mortality statistics have been misunderstood by population and health policymakers.

"There is no question that the infant mortality rate for infants born to teens is appallingly high — 9.8 per thousand compared with 6.5 per thousand for women in their 20s — but the higher mortality rate is the result of widespread poverty among teenage mothers, not youth per se," she said.

"Unfortunately, waiting to give birth until their 20s may only raise the infant mortality rate among the poor. They will still be poor, but they will also be less healthy."

Geronimus stressed she was not making an argument for teenage childbearing per se. "Ideally," she said, "all women have a comfortable standard of living and access to good health and prenatal care so they would not have to risk higher infant mortality rates by postponing first births.

"However," Geronimus said, "the teens who become mothers are not living in an ideal world. Not only will they suffer increased risk of losing their babies if they wait, but they also will not necessarily offset this risk with greater economic opportunities. In fact, economic studies of teenage childbearing show that the 'opportunity costs' to the teens who do bear children are negligible. These teenage mothers from low-income groups are giving up few opportunities because, unfortunately, they had few to begin with."

According to Geronimus, the fertility/timing issue is particularly significant to Black Americans who live at or below the poverty line.

"In absolute numbers, more white teenagers give birth than black," she said, "but almost half of all black women in the United States first give birth in their teens compared with 23 percent of white women."

Geronimus said that, for socioeconomic reasons, white women have lower risks of infant mortality than do black women at every age.

"Also," she said, "while the infants born to white mothers in their 20s tend to have much lower risks of neonatal mortality (death within the first month of life) than those born to white teenagers, this is not true among blacks. The risk of neonatal mortality is greater for black mothers in their mid-20s than it is for teenagers — black or white."

Geronimus' research is based on state and national vital statistics data and the Second National Health and Nutrition Examination Survey.

Geronimus concluded that population, health and social policymakers must examine the implications of health statistics with a fresh eye. "It seems clear to me that if we are to reduce the infant mortality rate, we must attack the sources of the problem by improving access to health care and raising living standards for low income groups. Without such improvements, postponing births will not reduce infant mortality rates."

MSU receives grant for breast cancer project

Determining ways in which women can more easily have access to breast cancer screening, especially mammograms, is the goal of a research project soon to get underway at Michigan State University.

A Michigan Department of Public Health grant of $150,000 will fund the project, which is titled "Barriers and Facilitators to Screening for Breast Cancer — A Worksite Approach."

"Despite many advances in cancer research, breast cancer screening remains the primary means by which a woman can protect herself," said Barbara A. Given, professor, MSU College of Nursing, and principal investigator for the project.

Breast cancer screening includes breast self-examination, clinical examination by a health professional and a mammogram.

The project will involve surveying nearly 3,000 women over the age of 35 working in the Lansing area. The first phase will determine the women's current breast cancer screening practices and their perceptions of barriers and facilitators to screening.

"We will follow up by sending the women breast cancer screening information," says Given. "We'll then distribute a second questionnaire to these women to determine if the information influenced their decisions to pursue breast cancer screening."

The project also will attempt to determine the influence of the worksite on screening practices. Women may be more receptive to a worksite program, Given says.

Taking part in the project are women employees of the MSU Clerical-Technical Union, Lansing Schools' Teachers' Association, Buick-Oldsmobile-Cadillac, the John Henry Co., and Ingham County.

The National Cancer Institute has set a goal of a 50 percent reduction in breast cancer mortality by the year 2000.

Continued on page 10

WSU establishes Department of Emergency Medicine

The Wayne State University School of Medicine has established a Department of Emergency Medicine. Effective July 1, the emergency medicine academic service will change status from a surgical division to a full department.

The department designation is the culmination of years of planning and building the service, according to Brooks Bock, MD, professor and chief of the Detroit Receiving Hospital Emergency Department, where the University department is based. The department is the only full academic department of emergency medicine in Michigan, and one of only about 12 in the country.

The WSU emergency medicine service was established as a division within the Department of Surgery in 1976. In recent years, the academic discipline has been significantly strengthened through the enhancement of its education programs, research initiatives and clinical programs. In addition, the service has attained a strong faculty core, which as a group provides most of the emergency medical care at The Detroit Medical Center facilities. In 1988, DRH/UHC was designated a national Trauma Center, the highest level any emergency/trauma health facility can attain.

Beaumont participates in international study of clot busters

Alteplase (tPA), streptokinase or the recently approved anistreplase — which is the best clot buster of them all?

The William Beaumont Hospitals of Royal Oak and Troy are involved in an international study comparing the effects of the three thrombolytic or blood clot dissolving agents currently in use for heart attack patients.

Gerald C. Timmis, MD, director of Clinical Research, Beaumont, Royal Oak, Cardiology Department, is serving as the primary US clinical collaborator for the International Study of Infarct Survival (ISIS 3).

Launched at Oxford University in England last October, the study is the third ISIS investigation of drugs used in the treatment of heart attacks. The first two ISIS trials examined the effect of beta blockers and the use of the colt dissolver streptokinase with or without aspirin.

A total of 222 clinical centers in the United States have been accepted for participation in ISIS 3 to date. The goal is to involve 30,000 patients in 19 countries.

Beaumont enrolled its first ISIS 3 participants from Emergency Department patients with heart attack symptoms in late December.

ISIS 3 is a double-blind, randomized study that will look at patient survival, side effects, cost, ease of usage and convenience in comparing the three drugs. Participating patients will receive one of the three clot dissolving agents, along with aspirin. Half will additionally receive a blood thinning agent.

MSU health center participates in AIDS study

Michigan State University's student health center is participating in a national study designed to measure the prevalence of the human immunodeficiency virus (HIV) on college campuses.

Olin Health Center is one of 36 US college and university health centers invited by the Centers for Disease Control (CDC) to take part in the study.

"This is the second phase of a study which began last year,"

Continued on page 11

Physicians in the News

John R. Butzer, MD helps "build" Ronald McDonald House in West Michigan

Building a home that will house 18 families with critically ill children involves more than putting up walls and laying carpet. When a group of community leaders in Grand Rapids decided to build a Ronald McDonald House, they recruited **John F. Butzer, MD,** to help with the initial research and serve as the medical liaison throughout the entire project.

The Western Michigan Ronald McDonald House is a "home-away-from-home" for families with children requiring long-term health care at a Grand Rapids hospital. Whereas all other Ronald McDonald Houses service one facility, the Western Michigan Ronald McDonald House is unique in that it services all six Grand Rapids area hospitals.

Doctor Butzer, who is vice president of medical affairs/medical director at Mary Free Bed Hospital and Rehabilitation Center in Grand Rapids, has been an integral part of the "building" process because of his hospital's need for inexpensive overnight housing for families.

"I felt it was important to get behind this project 100 percent because of the need all Grand Rapids hospitals have for inexpensive overnight lodging for patient families," says Doctor Butzer. "If you've ever seen a family sleeping in a hospital lobby or a hallway, it hits home. Parents will stay close to their kids at any cost."

As a member of the board of directors and medical liaison of the Western Michigan Ronald McDonald House, Doctor Butzer developed the infectious disease guidelines for the house to be followed by all residents, visitors and volunteers. In addition, he advises the board of directors on all medical matters relating to the house and serves as the medical liaison between the board of directors and the medical community. Doctor Butzer also coordinates the involvement of physicians, nurses, social workers and other health care workers involved with the Western Michigan Ronald McDonald House.

The Western Michigan Ronald McDonald House opened its doors March 23, and is the 129th Ronald McDonald House to open in the world. Ronald McDonald Houses serve families in Europe, Australia, Canada and the United States. ■

This article was prepared by Seyferth & Associates, a Grand Rapids-based public relations firm.

Seven MSMS members have been appointed/reappointed to various commissions and committees of the American Academy of Family Physicians. Their names and the committees/commissions to which they were appointed/reappointed are as follows: **William W. Allen, MD**, reappointed chair of the Chapter Affairs Committee; **Gary E. Gazella, MD**, reappointed to the New Physicians Committee; **Martin L. Kabongo, MD**, (resident member) reappointed to the Publications Committee; **Larry S. Kelly, MD**, appointed to the Mead Johnson Awards Committee; **Gary E. Ruoff, MD**, appointed to Committee on Professional Liability; **Louis E. Sanford, MD**, appointed to the PR/Marketing Committee; and **James F. Shetlar, MD**, reappointed to the Publications Committee.

Park Willis, III, MD, a Michigan State University College of Human Medicine professor, is the recipient of the Dodrill Award for Excellence, an award created by the American Heart Association of Michigan to honor a member who has improved heart care. Doctor Willis is a life member of the organization.

Howard P. Friedman, MD, is the newly-named medical director of Havenwyck Hospital, Auburn Hills. Doctor Friedman's responsibilities include clinical program development and clinical supervision of all programs. He also is on staff at Sinai Hospital, St. Joseph Mercy Hospital, Oakland General Hospital, and Woodside Hospital. Doctor Friedman continues his private practice in Birmingham.

Vainutis Vaitkevicius, MD, has stepped down from his position as chairman, Department of Internal Medicine, Wayne State University School of Medicine, and as physician-in-chief of The Detroit Medical Center. Doctor Vaitkevicius had served in the combined post since 1981. An internationally-respected oncologist and researcher, he has helped build the Medical Center's oncology division into one of the most highly-esteemed cancer treatment and research facilities in the US. Doctor Vaitkevicius has dedicated over 35 years to Wayne State.

Raymond D. Hobbs, MD, is the newest nomination for the "Geriatric Clinician of the Year" award. Doctor Hobbs was nominated by the Michigan Chapter of the American Geriatrics Society. This honor is based upon qualities and characteristics demonstrated by the physician in the delivering of quality care. Doctor Hobbs is an internal medicine specialist and geriatric sub-specialist at Community Health Center of Branch County.

Continued from page 10

says Dennis Jurczak, MD, director of Olin Health Center. "The CDC is attempting to improve upon that study by collecting more samples from a different mix of schools."

Preliminary results from last year's study show that of the 16,000 samples taken from 19 schools, 30 tested positive for HIV. MSU did not participate in last year's study.

This year, the CDC hopes to collect at least 1,000 blood samples from each of the participating schools.

After testing is completed on blood samples collected during routine diagnostic work, this "waste blood" will be sent to the CDC for HIV testing. No blood or extra blood will be drawn solely for the study.

Identifying information, such as name, birth date and student number will not accompany test samples and test results cannot be linked to individuals. Demographic information, such as male/female or black/white, will be provided to the CDC by participating schools.

Results of the study will provide the CDC with regional data on HIV infection among college students. Figures will not be reported for individual campuses.

The University Committee on Research Involving Human Subjects, as well as the Associated Students of MSU and the MSU Council of Graduate Students have approved Olin's participation in the study.

Olin Health Center provides MSU students a wide array of AIDS information, including education, counseling and testing services. For more information, call the AIDS information phone line at (517) 353-4344.

Ann Arbor facility accredited by ACR

McAuley Breast Care's mammography facility in Ann Arbor has been accredited by the American College of Radiology (ACR). The facility has met the necessary requirements, which include a peer review evaluation of the facility's staff qualifications, equipment, quality control and quality assurance programs, image quality and breast dose. The accreditation must be renewed every three years.

More than 900 facilities have been accredited nationwide.

Few women take "the pill" correctly, U-M study indicates

Women on the popular lower-dose birth control pills should take the pill at the same time — plus or minus two hours — every day, if the pill is to be most effective. But not many women know that — or if they do, they don't act on their knowledge, according to a University of Michigan study. And that failure may be one reason why an average 6.2 women out of every 100 on the pill get pregnant each year.

"There actually are six simple behaviors or rules to follow that make the pill most effective. Some of the rules are obvious, others less so," says Deborah J. Oakley, professor of nursing and interim director of nursing research at U-M. "But surprising numbers of women don't follow them as consistently as they should, and I suspect they don't because the doctors and nurses may not mention the rules in the first place. Or if they do go over the rules, they don't give women the special, individualized help some may need to figure out how to fit all six into their own lifestyles. It is not so easy to remember to take the pill at the same time each day."

Oakley's conclusions are drawn from a 26-month study of 612 women on the pill conducted at a Michigan Department of Public Health family planning clinic. Oakley and Jeffrey Parent, now a

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graduate student at Arizona State University, found that less than 11 percent of the women reported they "always" followed all six rules.

The six rules include taking only your own pills, taking them in the prescribed order, taking all the pills in the pack, taking a pill daily, taking them within two hours of the same time each day and using an alternative method of birth control as a back-up if necessary.

Nearly 100 percent of the women took only their own pills and always took them in order, Oakley says. "However, 16 percent had at least one pill left over in at least one of the months, 40 percent reported they did not use a back-up method of birth control if they had missed more than the prescribed number of pills allowed, and 58 percent said they had not taken a pill every day. And only 16.7 percent took the pill at the same time each day."

Policy makers and researchers have given substantial attention to when and why women first decide to begin taking the pill, Oakley says. "Clearly, however, there is a real need to help women plan and do specific behaviors if the pill is to be maximally effective."

Ingham County chosen to participate in national health survey

Ingham County has been selected as one of the survey locations for the third National Health and Nutrition Examination Survey (NHANES III). The survey is the most recent in a series of studies designed to assess the health and nutritional status of adults and children in the United States through interviews and direct physical examinations. NHANES is a major program of the National Center for Health Statistics (NCHS), Hyattsville, Maryland. NCHS is part of the Centers for Disease Control, US Public Health Service.

Interviewers will be conducting the survey in Ingham County April 10 through June 7. A sample of 402 people will be asked to participate in the survey.

The NHANES programs began in the early 1960s. NHANES III is the seventh of these surveys and will be the largest. For NHANES III, approximately 40,000 individuals in communities throughout the country will be randomly selected to participate in the survey. The detailed interview includes demographic, socioeconomic, dietary, and health-related questions. The examination component consists of medical and dental examinations, physiological measurements, and laboratory tests administered by highly trained medical personnel. The survey is conducted in mobile examination centers.

Data collection began in September 1988 and will continue for approximately six years at 88 locations across the country.

Data collected in this survey will be used to estimate the prevalence of major diseases, nutritional disorders, and potential risk factors. NHANES III data also will be the basis for national standards for such measurements as height, weight, and blood pressure. Data from NHANES III will be used in epidemiological and health sciences research, to direct and design health programs and services, and to expand the health knowledge for the US.

For more information on the survey, write: Scientific and Technical Information Branch, National Center for Health Statistics, Room 1-57, 3700 West-West Highway, Hyattsville, Maryland 20782, or call (301) 436-8500.

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New MSMS C.A.R.I.N.G. Campaign

DESIGNED TO IMPROVE PUBLIC PERCEPTION OF PHYSICIANS

By Robert E. Paxton, MD

The new C.A.R.I.N.G. Campaign, designed to "promote the positive public perception of physicians," is one of the most important programs launched by the Michigan State Medical Society. I view it as an exciting project with an overtime of urgency. It leads the way in Michigan at the same time the AMA tackles the problem on a national level. The timing is perfect.

Why am I excited when so many other issues demand our time and resources? First of all, participants in the focus group discussions MSMS conducted around the state last spring and summer unanimously agreed that this is the number one issue facing us. They — the grassroots members — not only told MSMS what to do but how to do it. And so the concept of the C.A.R.I.N.G. Campaign was born.

I am excited that our membership supports this campaign because it is so desperately needed. A Gallup poll of physicians revealed that 40 percent would probably not go into medicine if they had a career choice to make again. Among the reasons which stood out were lack of respect and litigation — both reflecting the public's perception of the doctor's image. Last summer *TIME* magazine lamented the fall of the doctor's image and decried the tarnished doctor/ patient relationship. In February of this year, *The New York Times* had a series of three articles on the "Pain of the Healing Profession" which vividly depicted the battered and bashed physician.

I devoted my president's page last month to suggestions on why our image has taken a nose dive. I also expressed my convictions as to what we physicians need to do to improve that image. In a nutshell, it is to offer quality and compassionate medical care with a caring attitude... to take time with our patients and make them feel that they are an important part of the process. These principles are embodied in our C.A.R.I.N.G. Campaign, which is directed at ourselves as well as the public, our patients.

C. Everett Koop, MD, warns us not to allow the science of medicine to eclipse the art of medicine. He further states that the key items in the art of medicine are trust, care and generosity. He maintains that the doctor/patient relationship must grow without an economic threat to the patient.

The importance of a positive image cannot be over emphasized. All of our efforts are dependent upon public support, whether that be the public in general or through their elected representatives in public office. Whether we are dealing with professional liability reform, health care delivery systems, AIDS, cost containment regulation or what have you, public support is imperative. Our patients must see us both individually and collectively as their advocates if we are to survive.

Why do I stress the urgency of this project? Too many forces are at work which could create havoc in our profession with irreparable results and thus the downfall of health care in America. We need to mobilize the public to preserve quality of care and to insure the integrity of our profession.

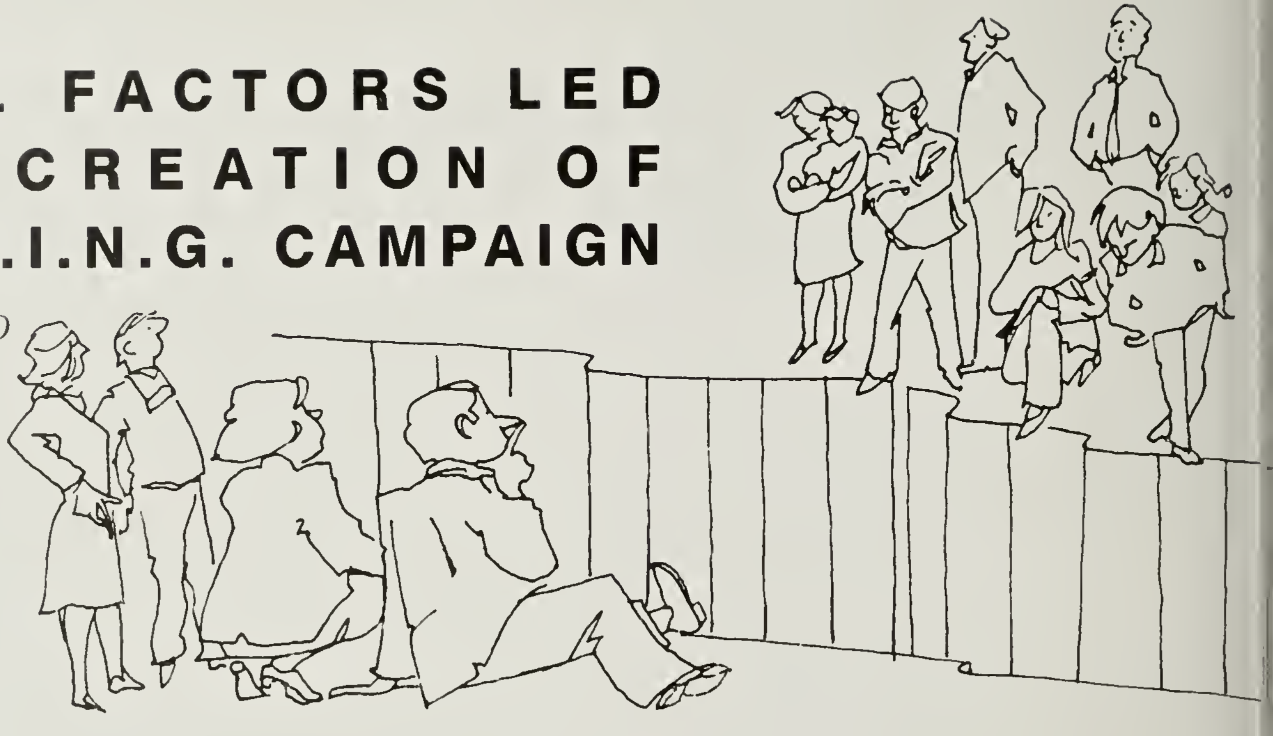
This month's cover story explains the goals and objectives of the C.A.R.I.N.G. Campaign in detail. I call upon each of you to read this story carefully. Take an active part in the C.A.R.I.N.G. Campaign. Let us all seriously assume our personal responsibility in improving the public perception of physicians.

One final reminder. Working to improve the public perception of physicians may not be as difficult a task as you think. Whereas a poll indicated that 72 percent of physicians felt that their image had dropped, only 28 percent of the public agreed. Fifty-eight percent indicated no change and 14 percent actually thought it was better. At any rate, let us unitedly make the C.A.R.I.N.G. Campaign a success. ■

Doctor Paxton is MSMS president.

SEVERAL FACTORS LED TO THE CREATION OF THE C.A.R.I.N.G. CAMPAIGN

By Henry M. Domzalski, MD



The news media finally are paying attention to a phenomenon Michigan physicians and their colleagues nationwide have been describing for some time.

To wit, there is a widening gulf between physicians and their patients, between everyone's image of the profession and its realities. This gulf is creating dissatisfaction on both sides.

"Doctor-patient relationships are becoming a distorted version of the rosy image so many Americans have long held dear," begins a segment of a three-part series published in February by *The New York Times*. Headlines for the segment state, "Wariness is replacing the trust between physician and patient. Both sides talk of a communications breakdown."

"...it is simply harder to be a doctor now than it was a generation ago: harder to master the art and the craft, harder to practice, harder to savor the natural pleasures of healing," said *TIME* magazine in its July 31, 1990 cover story. Title of the cover story: "Sick and Tired."

Reasons for the problem, said *TIME*, are new technologies ("the craft overtook the art"), rise of the medical-industrial complex ("...the typical encounter now occurs in the thick of a vast corporate hierarchy that monitors every decision and may weigh in against it"), and the changing social and economic climate in which physicians practice ("even the desperately sick are surprised when they are not cured").

Whatever the reasons, Michigan physicians are feeling just as sick and tired as are their counterparts across the country. When MSMS President Robert E. Paxton, MD, convened focus groups of members in six population centers across Michigan last year, they set their own agendas.

Image a key concern

High on their list of concerns and problems was "physician image," or the public perception of physicians. In a report to the MSMS Board of Directors which followed, Doctor Paxton noted, "Participants expressed concern that while they wanted to be the patients' advocate, they were being placed in an adversarial position by the increasing limitations of government, third party payors and other forces.

"Physicians found themselves having to explain why, for example, insurance would not cover extended stays or certain procedures, while patient expectations demanded more and more of the health care system. Physicians also made strong references to the liability climate which often forces them to be defensive and aloof with their patients. It became clear that MSMS needed to investigate possible ways to remedy the situation."

The Michigan physicians were expressing the same frustrations as those interviewed by *The New York Times* or *TIME*.

"Opinion polls indicate that doctors feel they are losing the public's esteem, that they believe patients have unrealistic expectations of what medicine can do, and that they think patients are demanding more services than are necessary," said the *Times*.

"Patients, in turn, express dissatisfaction with their doctors in opinion polls." Sixty-seven percent of 1,500 people questioned in an AMA-commissioned Gallup poll last year said that doctors are too interested in making money. Fifty-seven percent agreed that "doctors don't care about people as much as they used to."

The poll also found that 26 percent of Americans say they respect doctors less now than they did 10 years ago, continued the *Times*. The reasons given were that "doctors were in it for the money," or lacked concern for their patients.

In *Time* magazine's own poll a year ago, 1,012 Americans gave doctors high marks for being current in the latest medical knowledge, and for providing high-quality care. But only 54 percent of the sample thought doctors diagnosed correctly, and were caring. Only 46 percent thought doctors did a good job of listening to patients, only 45 percent thought doctors did a good job of explaining to patients what they were doing, 37 percent of being on time for appointments, and 22 percent of being fair in their charges.

"The ultimate price of inflated expectations and consumerist attitudes is the treacherous legal reality that confronts doctors today," said the magazine. "No single factor has done more to distance physicians from patients than the possibility that a patient may one day put a doctor on the witness stand."

Clearly, there is a major problem. What can MSMS do about it? How can the Medical Society allocate its strengths, its resources and its time to better this sobering situation?

That was the topic when Doctor Paxton convened another focus group late last August, made up of persons who were key participants in the first six focus groups.

A two-pronged strategy

This group's major accomplishment was to divide possible MSMS activities into two categories — internal, directed at MSMS members, and external, directed at the public.

Doctor Paxton reported that "it was revealing that most of the better ideas were for internal activities, suggesting that staff devote time working with local physicians in county medical societies, rather than devoting resources to public relations and media campaigns."

From the ideas gleaned over those months of studying members' needs and perceptions has arisen the MSMS *C.A.R.I.N.G. Campaign.*

There are two keys to the *C.A.R.I.N.G. Campaign.* The first is in the subtitle of the campaign itself — "A program to promote positive public perception of physicians." The second is in the campaign's grassroots beginnings and focus.

"It is important to note," says Doctor Paxton, "that the issue of physician image emerged from the grassroots of MSMS, and was not on any agenda on my part or that of staff. Given the liability climate in Michigan, and the burdens and frustrations associated with governmental and third party payor programs, it was an interesting and informative development."

In keeping with its beginnings, the Campaign also emphasizes activities which will help individual physicians enhance their own practice relationships — at home, in their own practice settings.

On the following pages you will discover elements of the Campaign, which takes its title from the MSMS tagline, "Caring today for a healthy tomorrow." The letters of the name stand for the following emphases:

C-Communicating
A-Advocating
R-Respecting
I-Involving
N-Nurturing
G-Giving

We plan projects to carry out each of the emphases internally and externally, over a period of years. Those you see described here are just the beginning.

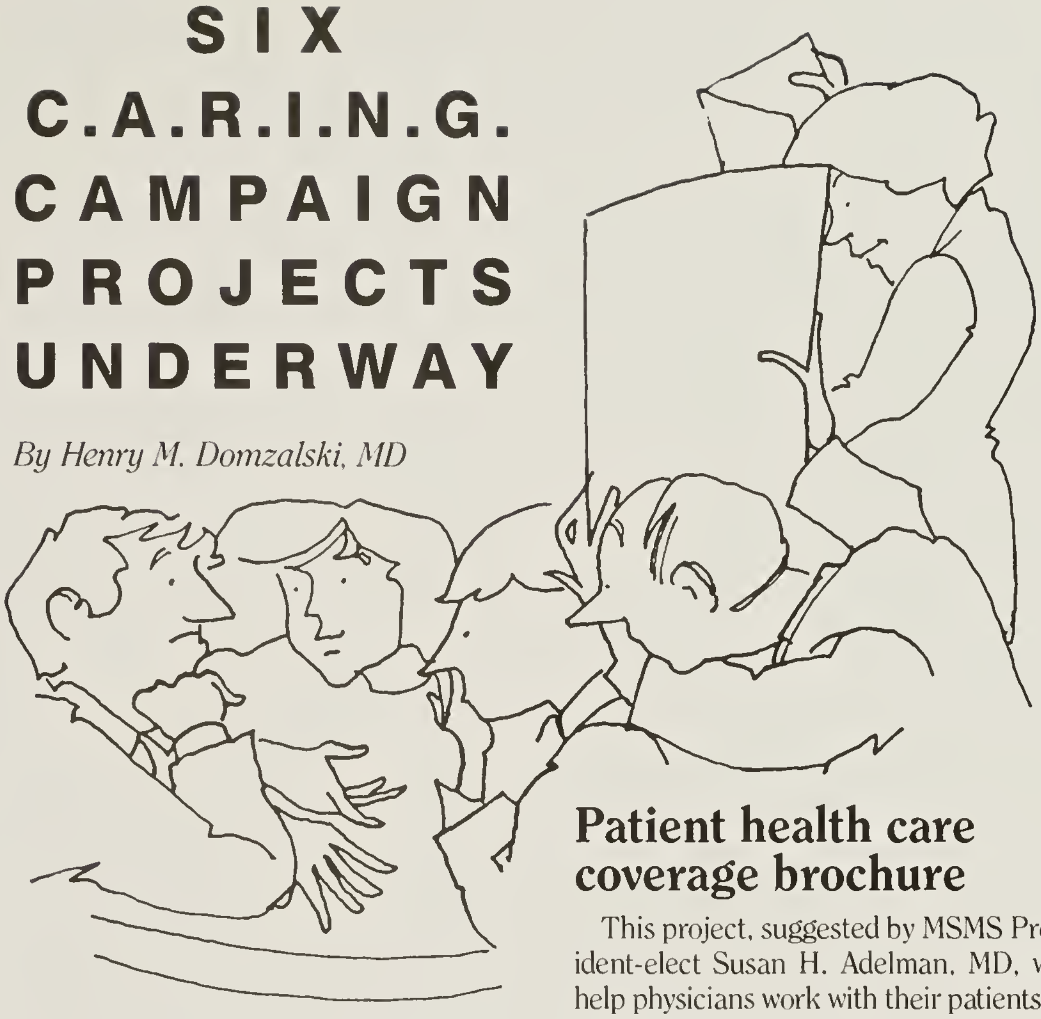
We are dedicated to helping the Michigan physician enhance his or her relationships with patients and the public. With this effort we believe our image problems also will improve.

Who knows? Perhaps we will even have some impact nationally upon the "communications breakdown" between physician and patient recently discovered by the national media. ■

Doctor Domzalski is a member of the MSMS Board of Directors and is chairman of the MSMS Advisory Committee on Communications and Professional Relations, which has developed the C.A.R.I.N.G. Campaign.

SIX C.A.R.I.N.G. CAMPAIGN PROJECTS UNDERWAY

By Henry M. Domzalski, MD



The MSMS Advisory Committee on Communications and Professional Relations is moving along plans for the many-pronged C.A.R.I.N.G. Campaign. At present, six of the projects included in the Campaign are in the works. They are: (1) Public service announcements; (2) A patient health care coverage brochure; (3) A poster/tent card for the physician's reception area; (4) A community relations program; (5) A focus group on chemical dependency; and (6) Community "roundtable" discussions on health care in the 90s. A description of each of these projects follows.

Public service announcements

These short videotapes are part of the effort to present the physician and MSMS in a positive light. Physicians and MSMS will be seen as caring about public safety and the environment. The six 10-second messages are being readied for distribution by the May 4-6 MSMS House of Delegates meeting. They will be sent to television stations across the state for airing at their discretion. Subjects include littering, recycling, use of personal floatation devices for water safety, seat belt use, firearm safety and bicycle helmet use. "A public health (safety) reminder from your Michigan State Medical Society" appears at the end of each. The videos also will include use of new MSMS theme music.

Patient health care coverage brochure

This project, suggested by MSMS President-elect Susan H. Adelman, MD, will help physicians work with their patients to ensure the patients understand their covered benefits.

The purpose of the brochure, tentatively titled "What You Should Know About Your Health Care Coverage," is to help patients understand, in these days of managed care programs, that all insurance programs do not provide the same benefits. The primary feature of the brochure, however, will be a checklist patient's may use in talking with their physicians and insurance companies to determine which benefits are covered.

States the brochure: "It is important to understand both the rules and the benefit plans (of the insurance provided by the patient's employer or purchased independently by the patient)... At the very least, you should know which questions to ask before you join any health insurance program, before you switch programs, and before you seek medical care once you have purchased a program."

Through a series of specific questions, the brochure then asks patients to determine their plan's coverages. For example, it asks: "Are you covered for emergency room visits without prior approval, physician office blood tests or x-rays, cancer treatment, coronary artery surgery and home health care?"

The next session asks patients to determine if their insurance plan limits their care by penalizing their doctor financially for ordering more than a certain number of tests, services or specialist referrals. A list of questions for them to ask their insurance carrier is provided to help make that determination.

Finally, the brochure asks a series of questions about the rules of the patient's insurance program that might affect privacy and the doctor-patient relationship.

The brochure concludes: "Only if you and your doctor work together within the requirements of managed care programs will these programs provide the high quality, cost-effective care that you seek."

Copies of the brochure should be available for MSMS members late this spring. MSMS will bind one copy of the brochure in *Michigan Medicine*. Members then can order additional copies to distribute to patients. MSMS also may sell copies to hospitals, clinics and managed care companies.

Poster/tent card

This print project will aid in the effort to improve the public's perception of physicians at the grassroots level. For display in the physician's reception area, it offers a simple message with much impact: "If you have questions, ask your physician — About symptoms, diagnosis, treatments, prescriptions, insurance."

MSMS will provide one poster/tent card free in every member's copy of *Medigram*, will distribute them at major MSMS meetings, and will offer extra copies through MSMS publications.

Community relations program

"What's the latest news regarding cost containment, risk management, etc.? My patients and friends keep asking me questions and I don't have the answers. I need more information."

"We've got a problem in our county, and we're not sure how to tackle it. Can you give us some advice?"

"Did you see that biased report about doctors on TV last night and that editorial in the newspaper? How can we get the media to tell our side of the story? And, where can I get the facts and figures to back us up?"

"We read in the newspaper about Doctor Jones' award. That's great, but our Doctor Smith has done some tremendous things, too. Who do we talk to about getting some publicity regarding his accomplishments?"

These are just a sample of the questions we hear from members across the state, and the message is clear. Our county societies want more two-way communication, more assistance, more visibility, more information — and that is why MSMS has instituted its new community relations program.

To kick off this effort, MSMS is scheduling a series of Media Training Workshops to teach physicians how to be more effective communicators on TV, radio, and in the print media. We have obtained the services of two top media experts to conduct these half-day workshops: Tim Skubick, dean of the Capitol Press Corps, Lansing, and anchor/producer of the weekly public television series "Off the Record;" and Andy Rapp, president of the The Rapp Group, Midland, a veteran of electronic/print media and a communications educator.

Four workshops already have been scheduled for this spring in Ingham, Wayne, Genesee, and Kent counties. (More information on these workshops appears on page — .) MSMS will continue to hold these county society and regional workshops until a network of skilled communicators throughout the state has been established. Physicians who join the network will have many options for participation. They may choose actions ranging from writing a letter to the editor, to appearing on a TV talk show. MSMS members who are interested in becoming "a spokesperson for medicine" should contact their county medical society.

Other initiatives are underway, also. MSMS is developing a monthly tip sheet, called "Medical News — Around the World, Around the State," to keep Michigan media abreast of what's new in medicine... Regular new releases will be prepared on fast-breaking medical and economic issues...Fact sheets explaining current MSMS initiatives will be disseminated...Extracts of important medical news from newspapers, magazines, medical journals, and other publications, will be gathered and made available to MSMS members...A community service program is being developed to provide a vehicle for recognizing physicians who have made outstanding contributions to the medical profession and their local communities...Assistance will be provided in setting up county speakers' bureaus...MSMS is developing a computerized listing of all media contacts throughout Michigan that will be available to MSMS members...MSMS staff stands ready to help any member interested in setting up a press conference. These are just some of the Society's plans for the coming months. MSMS will keep members posted on the progress of these projects. In the meantime, MSMS members are invited to make suggestions on the services they would like MSMS to provide.

Focus Group on chemical dependency

Take a look at any poll conducted in recent years on the issues of greatest concern to people across the land and the drug problem will appear near the top every time. It's a crisis that won't go away, that is not a respecter of any segment of the population, and it is certainly a crisis the medical community cannot ignore.

MSMS is delighted that President-elect Susan H. Adelman, MD, has announced her determination to make the "War on Drugs" a major project during her tenure. And, the first step she has taken is to pull together a cross section of concerned health professionals, government officials, law enforcement personnel, social workers, media representatives, and other committed people into a Focus Group on Chemical Dependency to confront this issue.

At its first meeting, the Focus Group began identifying some projects the medical community is uniquely qualified to undertake, and several of these are "naturals" for the *C.A.R.I.N.G. Campaign*. For instance, the Focus Group believes it is essential that physicians know how to recognize the symptoms of addiction, how to take a proper chemical dependency history, and have information regarding treatment and appropriate, safe, prescribing habits. We can help in this educational effort.

The Focus Group recognizes that it is important that children be reached very early, at the elementary school level, about the dangers of drugs. It wants to institute educational programs in schools, using doctors, lawyers, and others to promote positive role models. We can help line up physicians to assist in this effort.

The Group plans to encourage hospitals to institute programs for the joint treatment of the addicted mother and her newborn. We can use our influence in convincing our individual hospitals of the merits of such joint programs.

It is important that physicians and the public realize that the solution to the drug problem is treatment, not jail. We can help spread this message.

MSMS looks forward to assisting Doctor Adelman and members of the Focus Group in this important public health fight against drugs.

Community "roundtable" discussions

The perfect timing of two major projects, one by MSMS and one by the American Medical Association (AMA), could result in the most complete, unified patient-oriented effort ever undertaken by organized medicine.

On the state level, the MSMS Board of Directors has just accepted a comprehensive, independent report entitled "Improving Michigan's Health Care System: Beyond Cost Containment to Serving Patients' Needs." Details of the report were in last month's issue of *Michigan Medicine.* Briefly, the report emphasizes the need for all entities working at cost containment to "put the patient first."

On the national level, the AMA recently unveiled details of its 16-point proposal to ensure access to health care for all entitled "Health Access America." The foremost objective of the campaign is to stimulate enactment of legislative and other programs to assure affordable coverage of quality health care services for the 33 million Americans who now lack either public or private health insurance.

MSMS is planning to take its "Beyond Cost Containment" report to local communities for "roundtable" discussions this spring. On April 4, physicians from targeted areas across the state will attend a training session at MSMS Headquarters to learn how to implement such discussions and how to promote coverage in local media.

The thorough background information contained in the MSMS report will provide an excellent baseline for discussions of health care in the 1990s. Details of the 16 proposals outlined in the AMA report will complement the MSMS report with concrete proposals for change.

The combined projects will dramatically indicate organized medicine's dedication to patients. Proposals from both programs likely will be the basis for discussions at the state and national level for several years. This patient-oriented effort on the part of physicians reflects the heart of the *C.A.R.I.N.G. Campaign.*

Several of the major objectives of "Health Access America" include major Medicare and Medicaid reforms, requiring employer provision of health insurance with assistance from tax incentives and risk pools, developing practice parameters and enacting professional liability reform. ■

EXPERTS OFFER ADVICE ON DEALING WITH THE MEDIA

Two Michigan media experts — Tim Skubick and Andy Rapp — will be conducting the MSMS Media Training Workshops, slated to begin this month.

Dean of the Capitol Press Corps, Lansing, and anchor/producer of the weekly public television series "Off the Record," Tim Skubick has been covering Michigan government and politics since 1969. He has served as Capitol correspondent for WWJ Newsradio 95, Detroit, and the Michigan News Network — 65 outstate radio stations. In addition, he is a weekly syndicated columnist for the *Lansing State Journal* and *Oakland Press.* He holds a bachelor's and master's degree in broadcast journalism from Michigan State University.

M. Andersen (Andy) Rapp is a 20-year, award-winning broadcasting veteran. He has been a radio news director, television director, executive producer, and host of his own television talk show. In 1987, Rapp established The Rapp Group, a Midland-based communications consulting firm. Since then, he has worked with hundreds of individuals representing a myriad of professions to improve their communications skills. He earned his bachelor of arts degree in political science from Colgate University, and his master's degree in educational broadcasting from the State University of New York.

Both Skubick and Rapp have many suggestions on how to deal with the media. In the following paragraphs, Skubick will discuss why physicians should seek some media training. Then, Rapp will offer eight strategies for dealing with the media.

Media training skills are essential, says Skubick

So when did you stop beating your spouse?

Anyone who has watched *60 Minutes* or other news programs where the object is "Get the Guest," is well aware of what a reporter can do to an unsuspecting interviewee.

The doctor or health care professional can be an easy target right up there with elected officials and others.

There are really only two strategies for dealing with a hostile and aggressive media: (1) don't talk to anyone; or (2) if you decide to talk, know how to survive.

The "keep your mouth shut" approach is often more damaging than being interviewed. In this mass media age, you may be able to run from reporters, but you can't hide.

Skubick

It is a given that in your chosen field you have the knowledge to cope with almost any situation. When on the media's turf, however, inexperience not only can damage your image but also can inflict harm on the profession at the same time.

That's why it is so essential to learn some skills that will guide you through even the worst Mike Wallace-type confrontation.

It's difficult to be transformed into a media pro overnight, but some intense training can help.

How do you handle those aggressive "spouse-beating" questions?

How do you decide what you want to say, and how do you work it into the interview?

How can your clothing enhance your message?

Why do reporters act the way they do?

How can you reduce your answers from five minutes to only 30 seconds and still make sense?

Answers to these critical questions, along with a long list of DOs and DON'Ts, will be covered in the MSMS Media Training Workshops. Participants will have an opportunity to explore this issue in a hands-on fashion. Actual on-camera interviews will be conducted and analyzed.

Media training is something you may not use every day. When you need it, however, it's good to know you will have the insight, expertise, and confidence not only to meet the media, but also to survive the meeting.

Other doctors have taken this course and have found new techniques. You're invited to update your media skills, too. It won't hurt, and it most certainly will help.

Learn to use the media or it will use you, advises Rapp

With many of my friends in the news media, I'm often privy to their thinking on current topics. Politics is always good fodder for them as is education and substance abuse. But more and more frequently, you hear them talking about the health care delivery system in the United States and how it is in need of reform.

These discussions among journalists can lead nowhere; or they can lead to television news features and newspaper headlines. The politicians can generally take care of themselves — we know that all too well. The media, particularly print journalists, are generally in favor of education because they want people to be literate and to buy newspapers. Therefore, articles on our educational institutions most often are supportive. We're all on the same side when it comes to the war on drugs. That leaves you — physicians and health care.

Rapp

Politicians undergo intense media packaging and are schooled in dealing with the press. As physicians, you most likely have not had such training. This can be a critical error.

What politicians have known for a long time and what industry has learned more recently is that is no longer possible to escape from all argument, thus allowing the opposition to take over the territory. Where vital issues are concerned, which may even affect on our institutions' or professions' very existence, a posture of "creative confrontation" must be assumed. In other words, if you don't learn to use the media to your advantage, you will be used by it.

In today's society the battleground for issues is in the media. And there are few issues of more importance to the public than their health and the professions they rely on to help them maintain their health. As doctors, you are in the spotlight. You must become prepared to communicate your ideas and beliefs through radio, newspapers and television.

Eight tips for dealing with the media

There are eight areas physicians should focus on when dealing with the media.

1. Learn the "rules of the game" followed by journalists and media pros. Don't go into an interview without knowing how and when to use "off the record," "not for attribution," and "on background." Clarify the meaning of these ground rules with reporters before you use them.

2. Have an agenda for the interview. Know and rehearse the key points you want to get across. Imagine the "story" you want to read and give the reporter the information that composes that story.

3. Be accessible. If you want your views represented, you have to talk. After the interview, be readily available so the reporter can reach you to clarify potential misunderstandings or technical information.

4. Know with whom you're dealing. Print journalists differ from the six o'clock television news reporter. Feature writers differ from business editors. Within all professions there are the good ones and the not-so-good. Do your homework on reporters and their work before you meet face-to-face. Review their past performance and talk to people whom they have interviewed.

5. In the battleground of ideas, perception is reality. Immediately after a television interview, the viewer only remembers 25 percent of the content of the interview. Three weeks later he remembers 10 percent of the 25 percent. What the viewer does remember is the appearance and demeanor of the person interviewed. Like it or not, it's style over substance.

6. Complaining unreasonably before, during or after an interview may cause you to win the battle but lose the war.

7. Practice helps. Being interviewed one time is terrible. The fifth time is a lot better.

8. Be prepared — and this doesn't just mean getting your side of the story straight. Anticipate the arguments of the opposition. ■

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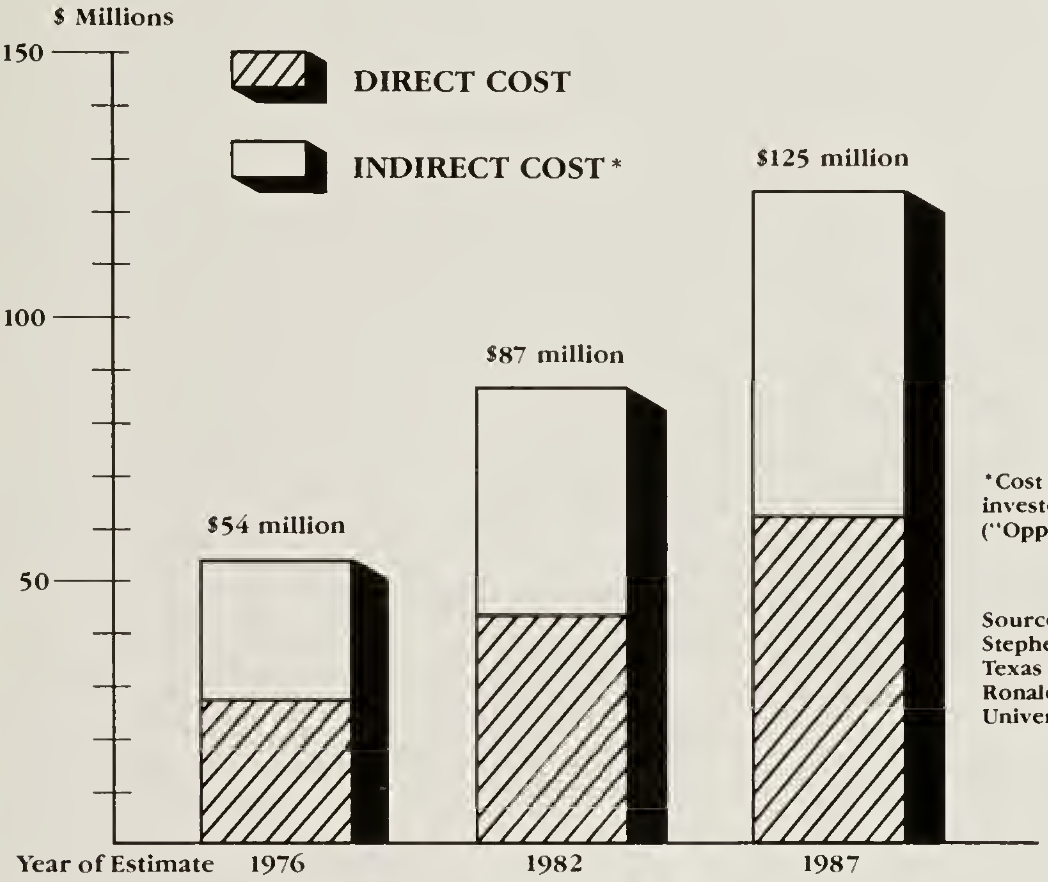

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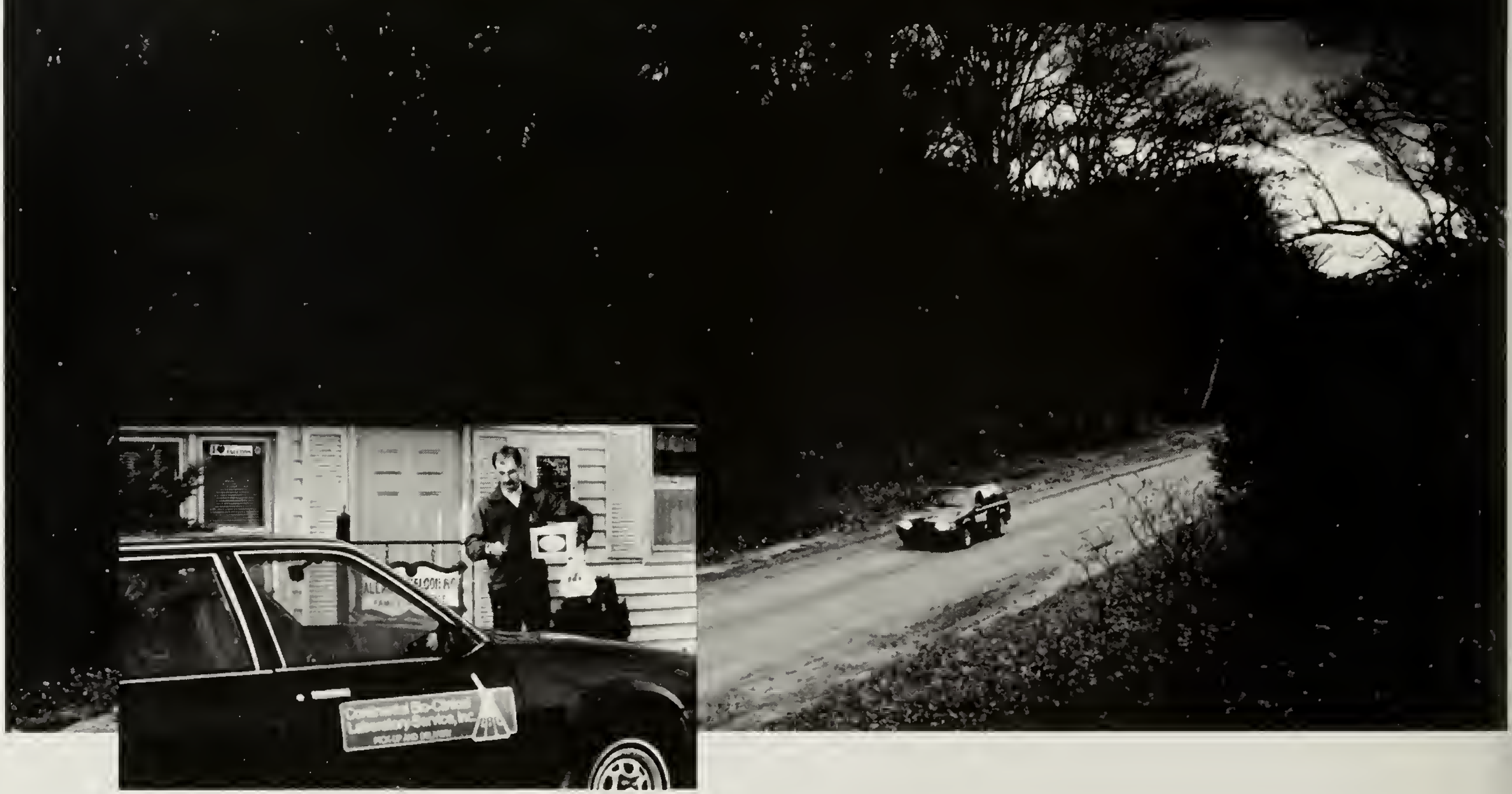

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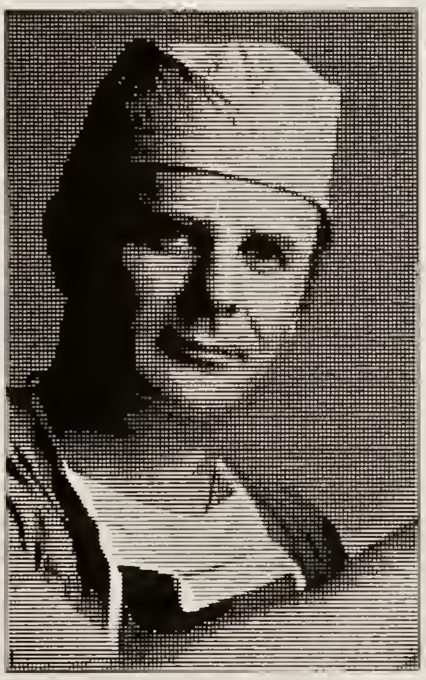

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NATIONAL PRACTITIONER DATA BANK

MSMS Legal Counsel Examines its Complex Rules and Regulations

By Richard D. Weber

The Health Care Quality Improvement Act of 1986 authorized the Department of Health and Human Services to establish a National Practitioner Data Bank to collect and release certain information relating to the professional competence and conduct of physicians, dentists and other health care practitioners. After a lengthy delay, the federal agency, on October 17, 1989, released detailed rules and regulations regarding reporting, disclosure and other requirements for the Data Bank. The following sets forth questions and answers covering significant aspects of the complex regulations.

■ *Question:* Whose actions are subject to reporting?

Answer: The action of physicians and dentists who are authorized to practice by a state, or who hold themselves out without authority as being so authorized, along with all health care practitioners, are the subjects of reporting. Health care practitioner means an individual other than a physician or dentist, who is licensed or otherwise authorized by a state to provide health care services.

■ *Question:* Who must report and what triggers the reporting?

Answer: There are four categories of entity reporting and the triggering events differ according to each category:

Malpractice Payments: Each person or entity, including an insurance company, which makes a payment under an insurance policy, self-insurance or otherwise, for the benefit of a physician, dentist or other health care practitioner in settlement of a claim or a judgment for medical malpractice, must report information relative to such event. A payment in settlement of a malpractice claim shall not be construed as creating a presumption that medical malpractice occurred.

Adverse Actions by State Licensing Boards: State licensing boards must report to the Data Bank any action based on reasons relating to a physician's or dentist's professional competence or professional conduct which either revokes, suspends or restricts a physician's or dentist's license, or censures, reprimands, or places on probation a physician or dentist, or under which a physician's or dentist's license is surrendered.

Adverse Actions by Hospitals and Health Care Entities Affecting Clinical Privileges: A hospital, or an entity that provides health care services and engages in professional review activity through a formal peer review process (which may include health maintenance organizations and group or prepaid medical or dental plans), must report any professional review action that adversely affects the clinical privileges of a physician or dentist for a period longer than 30 days. This includes the surrender of clinical privileges or any restriction of such privilege while the physician or dentist is under investigation relating to incompetence or professional misconduct, or in return for not conducting such investigation or proceedings. A hospital or health care entity may, but is not mandated to, report such information with respect to other health care practitioners.

Adverse Actions by Professional Societies: A professional society or committee thereof, including those at the national, state or local level, of physicians, dentists, or other health care practitioners that engages in professional review activity through a formal peer review process, for the purpose of furthering quality health care, must report "professional review actions." A "professional review action" means an action or recommendation taken in the course of a professional review activity, based on the professional competence or professional conduct of a physician, dentist or other health care practitioner which affects or could affect adversely the health or welfare of a patient or patients and which adversely affects or may adversely affect membership in a professional society.

Specifically excluded from the reporting requirements imposed upon hospitals, other health care entities and professional societies are actions based upon fees, advertising, competition, participation in alternative delivery systems, membership or lack of membership in a professional society and other matters that do not relate to the competence or professional conduct of a physician, dentist or other health care practitioner.

■ *Question:* What information must be reported?

Answer: Information setting forth the name, work address, home address, social security number, date of birth, name of each professional school attended, year of graduation, license number, field of licensure, name of the state in which the license is held and drug enforcement administration registration number, if known, must be reported in all instances. With respect to reporting malpractice payments, the name of each hospital with which the person is affiliated must be reported, along with details regarding the reporting entity, which includes the identification and relationship of the reporting entity to the physician, dentist or other health care practitioner. In addition, malpractice payment reporting requires information regarding the judgment or settlement, including where the action was pending, identification of the adjudicative body and case number, dates on which the acts or omissions which gave rise to the action or claim occurred, date of judgment or settlement, amount paid, date of payment, whether payment is for a judgment or settlement, a description and amount of the judgment and settlement and any conditions attached thereto, including terms of payment, a description of the acts or omissions and injuries or illnesses upon which the action or claim was based, and other information as is required from time to time. With respect to reporting adverse actions by state medical boards, hospitals, other health care entities and professional societies, the report must include a description of the acts or omissions and other reasons for which the action is taken, a description of the action taken, the date of the action and its effective date, along with other information as is required from time to time.

■ ***Question:* To whom and when is the report required?**

Answer: The report of a malpractice payment must be submitted directly to the Data Bank within 30 days following the action and to the state licensing board in the state where the act or omission occurred. Adverse actions taken by the state licensing board must be submitted to the Data Bank within 30 days from the date the action was taken. All other adverse actions must be submitted by the hospital, other health care entity or professional society to the state licensing board within 15 days from the date the adverse action was taken, and the state licensing board must then submit the information to the Data Bank within 15 days from the date on which it received the information.

■ ***Question:* Who must request information from the Data Bank and when must it be requested?**

Answer: All hospitals must request information from the Data Bank concerning physicians, dentists or other health care practitioners. This is required both (1) at the time the person applies for a position on its medical staff or for clinical privileges and (2) every two years concerning any physician, dentist, or other health care practitioner who is on its medical staff or has clinical privileges at the hospital.

■ ***Question:* What are the sanctions for failure to report or failure to request information?**

Answer: Failure to report a malpractice payment is subject to a civil monetary penalty of up to $10,000 for each payment. Failure of a licensing board to report an adverse action may result in the federal agency designating another qualified entity for reporting. Failure of a hospital, other health care entity or professional society to comply with the reporting requirements may result in a loss of antitrust immunity provided under the Act for a three year period.

Failure of a hospital to request information as is required results in a presumption that the hospital had knowledge of any information reported to the Data Bank concerning the particular physician, dentist or other health care practitioner. In addition, such failure may result in the disclosure of the Data Bank information to a plaintiff's attorney and the use of such information in litigation against the hospital.

■ ***Question:* Who can obtain information from the Data Bank?**

Answer: Information can be obtained by a hospital concerning a person who is on the medical staff or who has clinical privileges at the hospital, a practitioner concerning himself or herself, a state licensing board, a hospital or health care entity with respect to a practitioner who has applied for clinical privileges or appointment to the medical staff, a health care entity or professional association with respect to a professional review activity and a person or entity who requests information which does not permit identification of the particular parties involved. In addition, an attorney or individual who has filed a malpractice action against a hospital may access the Data Bank regarding a specific practitioner who is also named in the action, provided that the information may be disclosed only upon the submission of evidence that the hospital failed to request information as required; and then such information may be used only with respect to litigation resulting from the action or claim against the hospital.

■ ***Question:* To what extent is the information confidential?**

Answer: The Data Bank information is confidential except as disclosure is otherwise authorized. Persons or entities which receive Data Bank information must use it solely with respect to the purpose for which it was provided, but the confidentiality requirement does not prevent the disclosure of information by a party which is authorized under applicable state law to make such disclosure.

■ ***Question:* Can the doctor dispute the accuracy of the information?**

Answer: Any physician, dentist or other health care practitioner may dispute the accuracy of the Data Bank concerning himself or herself. A copy of any report filed in the Data Bank will be mailed to the subject individual. The individual has 60 days from that date in which to dispute the accuracy of the report. If the reporting entity revises the information originally submitted, the information will be revised by the Data Bank. If the reporting entity does not revise the reported information, the secretary will make the determination. If the secretary determines that the information is accurate, a brief statement by the individual involved describing the disagreement is fed into the Data Bank. If the secretary concludes that the information was incorrect, corrected information will be fed into the Data Bank and forwarded to previous inquirers.

■ ***Question:* Is there a charge for requesting the information?**

Answer: Once the Data Bank is established, it is self-funding. Fees necessary to sustain its operation will be charged entities requesting information. These fees will be established based upon cost criteria and announced prior to the effective date of the Data Bank.

■ ***Question:* When is the Data Bank effective?**

Answer: The Department of Health and Human Services advises that the Data Bank will become effective sometime this year. The Data Bank will not operate retroactively.

■ ***Question:* What concerns are presented by the Data Bank?**

Answer: The Data Bank will be the largest collection of data relating to the competence and conduct of health care professionals ever assembled. This raises a suspicion as to why the federal government is gathering all this information in the first place. Much of the information required to be reported, such as malpractice payments, may have no relationship to competency. There are no parameters established for the use of this information by the broad array of persons and entities having access to the Data Bank. Potential misuse of the information can seriously harm doctors.

Confidentiality presents the most serious concern. With so much information gathered in one place, there is a potential for leaks. The confidentiality protections set forth in the regulations may be illusory. This could result in a chilling effect upon the peer review process. State statutes protect the confidentiality of peer review

Continued on page 26

Continued from previous page

proceedings. The Data Bank supercedes such state protection and creates cracks in the confidentiality so necessary for effective peer review. Although there is some uncertainty, a more enlightened interpretation of the reporting requirements by professional society peer review activities would exclude reporting of informal peer review mediation recommendations and decisions at the component society level. Reporting should only be mandated when an adverse action occurs following a formal hearing with due process requirements.

Authorizing plaintiff attorneys to access the Data Bank is dangerous. Although restrictions are imposed, and the regulations limit the use of such information to claims against the hospital, it is difficult to perceive how a jury sitting in judgment against a hospital and a physician could exclude from its mind the evidence applicable to the claim against the physician. Equally disconcerting is the potential for a plaintiff's attorney to use the Data Bank information indirectly. Once the attorney obtains the confidential information and is tipped off, it is not inconceivable that this attorney will be able to obtain the same information from third parties for use in evidence against the doctor.

The Data Bank may lead to fewer settlements and more trials of malpractice cases. Since any settlement must be reported to the Data Bank, doctors will be more inclined to force a case to trial rather than to settle. Moreover, the Data Bank will preclude the confidentiality of some settlements where the court documents are sealed and the parties agree not to disclose particulars.

The costs of accessing the Data Bank may not be insignificant. Hospitals will be required to obtain information relative to staff physicians every two years.

Finally, to commence the Data Bank on April 2, 1990, is aggressive, to say the least. Forms and instructions must be promulgated. The dissemination of information has been deficient. Education is needed. The Data Bank will affect the entire health care delivery system. Yet, little is known of it. ■

Richard Weber is an attorney with Kerr, Russell & Weber, Detroit.

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LEGISLATIVE UPDATE

By Thomas M. Wolff

MSMS is lobbying the state legislature concerning many important health issues. The following is a brief synopsis of some of the issues, MSMS policy on the issues, and the legislative action taken, if any, as of March 6, 1990.

Mandatory Medicare assignment

Mandatory Medicare assignment continues to be a major issue in the legislature. HB 4949, which would require Michigan physicians to accept assignment on all Medicare claims, is still in the House Public Health Committee. No action has occurred concerning the bill since the November 2, 1989 hearing. However, Representative Perry Bullard (D-Ann Arbor), has introduced another mandatory assignment bill (HB 5448). House Bill 5448 provides that if a physician balance bills a Medicare beneficiary, the beneficiary could sue the physician and recover the greater of $1,000 or three times the amount of the balance bill. In addition, the physician would be liable for a civil monetary penalty of $2,000 for each time he or she balance bills a beneficiary. HB 5448 is pending in the House Judiciary Committee, of which Representative Bullard is the chairman. A hearing on HB 5448 was held February 27. Dawn E. Springer, MD, testified on behalf of MSMS in opposition to HB 5448. MSMS believes that mandatory assignment legislation is unnecessary, unfair and could reduce access to care for Medicare beneficiaries. MSMS supports the establishment of voluntary Medicare assignment programs to ensure that the needy elderly receive care.

Optometrists' expansion of scope of practice

During the past several months, a key legislative issue has been HB 5200, a bill that would allow optometrists to treat certain eye ailments and to prescribe or administer therapeutic ocular drugs. On February 13, the Subcommittee on Eye Care of the House Public Health Committee held a hearing on HB 5200. MSMS President Robert E. Paxton, MD, testified that optometrists lack the medical education and clinical training necessary to know how an eye problem may be related to or be a symptom of other health problems.

Auto insurance reform

The Senate Committee on Commerce and Technology has held four hearings concerning legislation (SB 712) that would make a number of changes in Michigan's no-fault automobile insurance law. Of particular importance to MSMS, the bill would adopt the reimbursement limits for physicians and hospitals that are contained in the recently promulgated Workers' Compensation Fee Schedule. MSMS will testify at the March 13 hearing in opposition to the use of the Workers' Compensation Fee Schedule.

Licensure of acupuncturists

The House Public Health Committee has approved a modified version of legislation (HB 4832) that would license acupuncturists in Michigan. As amended by the Committee, HB 4832 would license acupuncturists and allow them to treat only substance abuse addiction and weight control problems without the patient having to receive a referral from a physician. MSMS opposes licensure of acupuncturists.

Chiropractic expansion of scope of practice

House Bill 5373 would expand the scope of practice for chiropractors by permitting them to perform physical examinations and to treat misalignments of the pelvic bones. MSMS opposes HB 5373, which is in the House Public Health Committee.

Regulation of residents' work hours

A hearing was held on March 6 in the Senate Health Policy Committee concerning legislation (SB 584) which would regulate residents' work hours. MSMS believes that any changes in resident work hours should be developed by the Accreditation Council for Graduate Medical Education.

Limited immunity for emergency care

Senate Bill 323 would provide limited immunity for health professionals when providing emergency care in a hospital setting. The bill is pending in the Senate Judiciary Committee. MSMS supports SB 323 and is working with the Michigan Chapter of the American College of Emergency Physicians, the Michigan Hospital Association, and Senator John Schwartz (R-Battle Creek), to have a hearing held on SB 323.

Animal testing

A subcommittee of the House Committee on State Affairs scheduled a hearing on February 6 concerning legislation (HB 5030) that would prohibit the Michigan Department of Public Health from authorizing an animal toxicity test for consumer products if test results from non-animal alternatives are available. In preparation for the hearing, Mitchell A. Rinek, MD, and MSMS staff met with Ilona Varga, chair of the subcommittee, to express opposition to HB 5030. MSMS also wrote to the members of the subcommittee urging them to oppose HB 5030. Because of the efforts of MSMS, the hearing scheduled for February 6 was postponed. The subcommittee has scheduled a hearing for May.

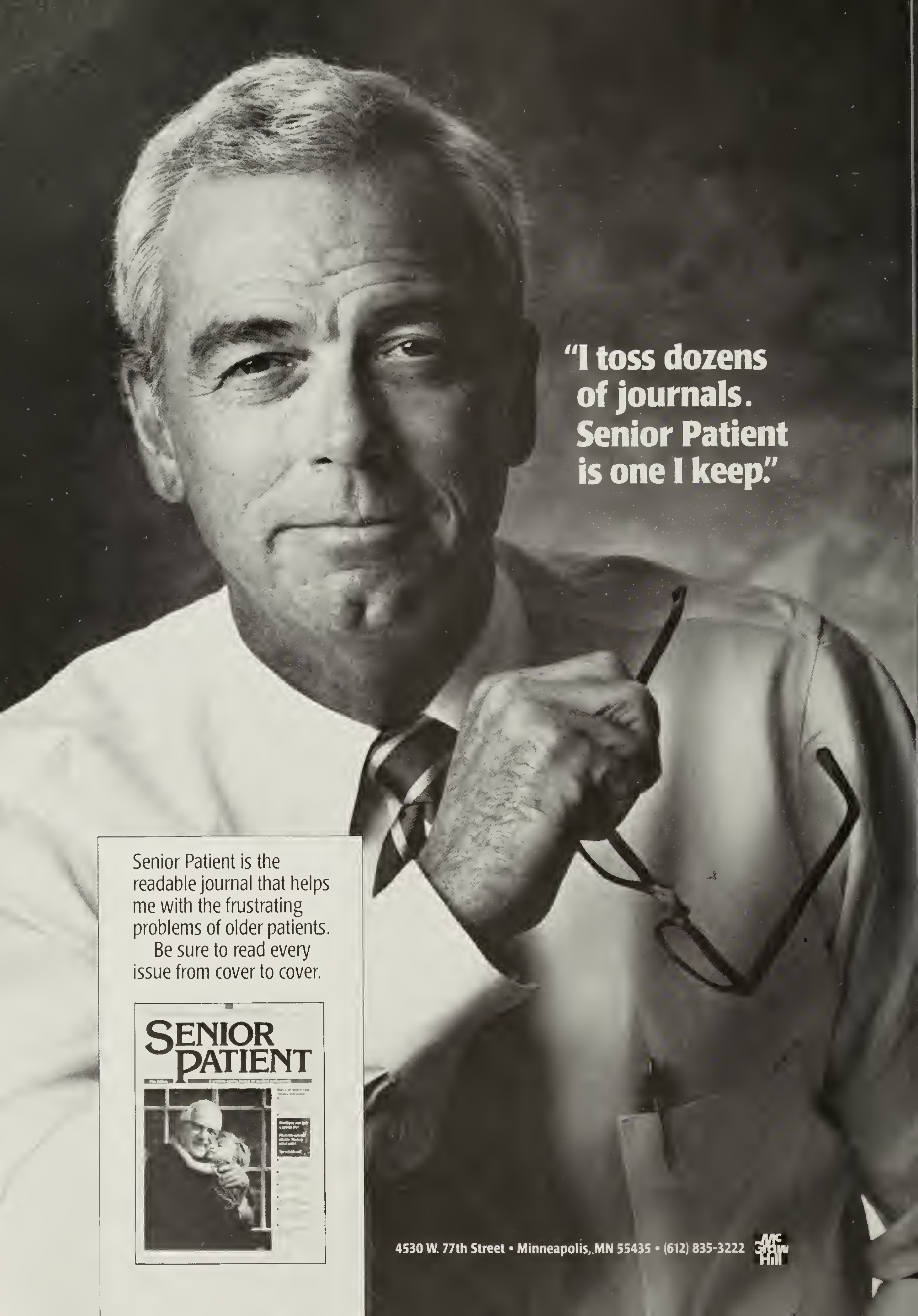
Motorcycle helmet law

House Bill 4679, which would weaken the Michigan mandatory helmet law by allowing persons age 19 and older to ride a motorcycle without a helmet, is in the House Transportation Committee. MSMS opposes HB 4679.

Regulation of all-terrain vehicles

Governor Blanchard has signed Public Act 241, which would regulate the use of all-terrain vehicles (ATVs) by children and would require all persons to wear a helmet when riding an ATV. The bill also would impose penalties for using ATVs while intoxicated. MSMS supports PA 241. ■

Thomas Wolff is chief of political affairs for MSMS.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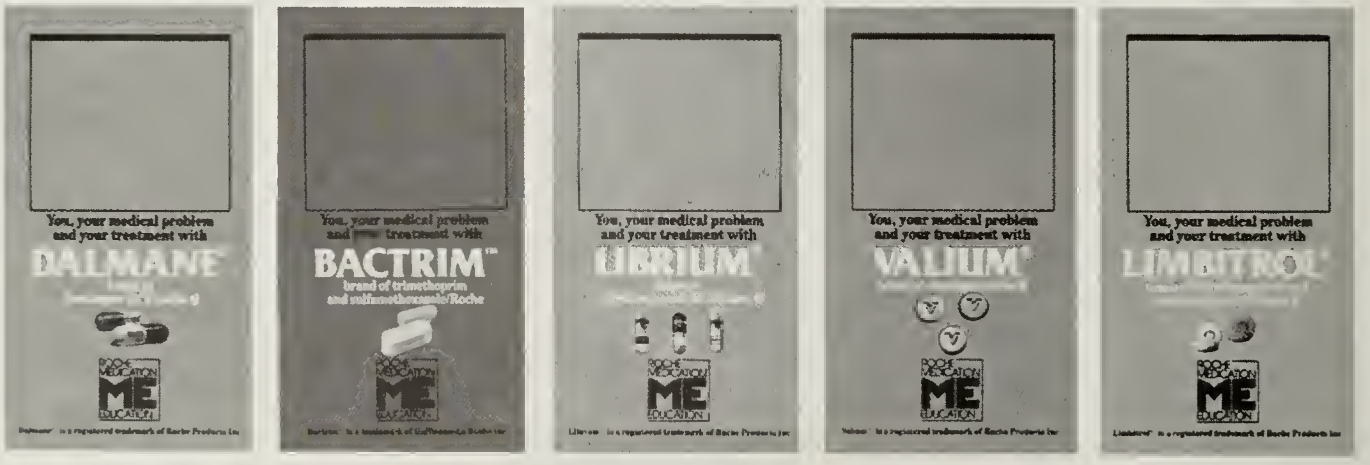
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And the Neighborhood Health Clinic – A Model for Low-Cost Care

By Marcia A. Lamberts

A woman in her early 50s is brought into Emergency at St. Joseph Mercy Hospital in Ypsilanti. She is suffering from congestive heart failure, secondary to years of severe hypertension. Her condition is acute, yet the woman has no insurance with which to pay for hospitalization and the $100 a month for medication she will need. She's too young to receive social security benefits, and, although her husband is making barely enough money at his job to make ends meet, it's enough to deem them ineligible for Medicaid or other types of social services.

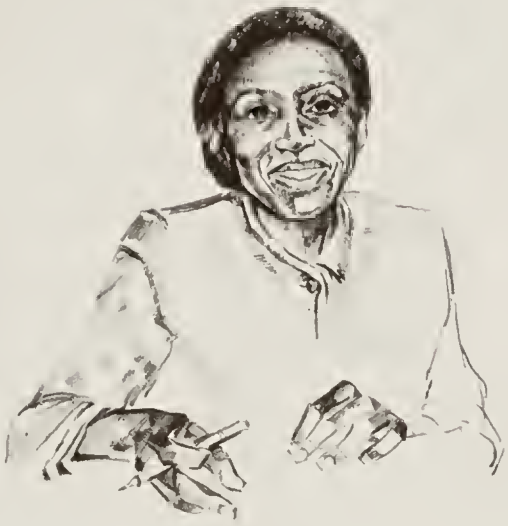
At first, the woman's predicament seems hopeless. After stabilization in the hospital, however, physicians refer her to Deloisteen Brown, MD, at Ypsilanti's Neighborhood Health Clinic. There she receives, free of charge, the ongoing treatment and medication she needs.

Established four-and-a-half years ago by Doctor Brown, the Neighborhood Health Clinic provides medical care for those people who cannot otherwise afford it. Up to 20 patients are seen on a first-come, first-served basis, three nights a week. A sliding fee scale is used, yet 80 percent of the patients pay nothing.

Born in Georgia and raised in Pennsylvania, Doctor Brown first moved to Michigan to attend Alma College. She subsequently graduated from the University of Michigan Medical School, and completed her internship and residency at St. Joseph Mercy Hospital in Ann Arbor. She has been in private practice in internal medicine since 1979, and has served as medical director of the Neighborhood Health Clinic since 1985. She is a member of the Washtenaw County Medical Society, Michigan State Medical Society, and the American Medical Association.

Caring for the indigent a life-long goal

Doctor Brown has always wanted to serve "in low-income areas, or people that, for some reason, have restricted access to the medical care system." When she first completed her residency, she searched for the most effective vehicle by which to fill the medical needs of the indigent. She admits that "in my own naivete, I thought I could serve in a private practice setting that covered patients that could not pay." Her attempt to do just that proved to be disastrous financially because "the patients that couldn't pay were soon tipping the scale over the ones that could."



"I was extremely disappointed," says Doctor Brown. "I really wanted to find a way to serve low-income or non-insured patients. I had found my practice to be very rewarding, and I wasn't ready to just throw up my hands and say 'I can't serve these people.'"

Fortunately, Doctor Brown discovered that St. Joseph's Hospital was interested in a patient outreach effort. They agreed to partially subsidize the type of clinic that Doctor Brown was attempting to realize. "Our goals came together nicely," she says. "It gave me the opportunity to do some outreach work."

Patients requiring hospitalization are provided free care at St. Joseph's Hospital when referred by the Neighborhood Health Clinic. Those patients also receive free laboratory work and medication. Doctor Brown insists that many of the specialists at St. Joe's "deserve a lot of credit because they have worked with me in this effort. They accept a lot of their referrals without pay."

Doctor Brown points out that not all the patients who visit the Neighborhood Health Clinic are homeless or indigent. Many of them are people who have simply fallen through the cracks of this country's health care system.

"Our image of who the medically underserved really are is very stereotypic," she maintains. "We think they're all homeless people or something, and this just isn't the case. Many of them are middle-aged women who have been recently widowed and have no insurance coverage. They've always worked in the home, and, while they are skillful people, they have no skills to work outside the home...And they're students who are making just enough money to survive and get through school...And, yes, there certainly are a lot of people who are poor financially, who just can't afford insurance."

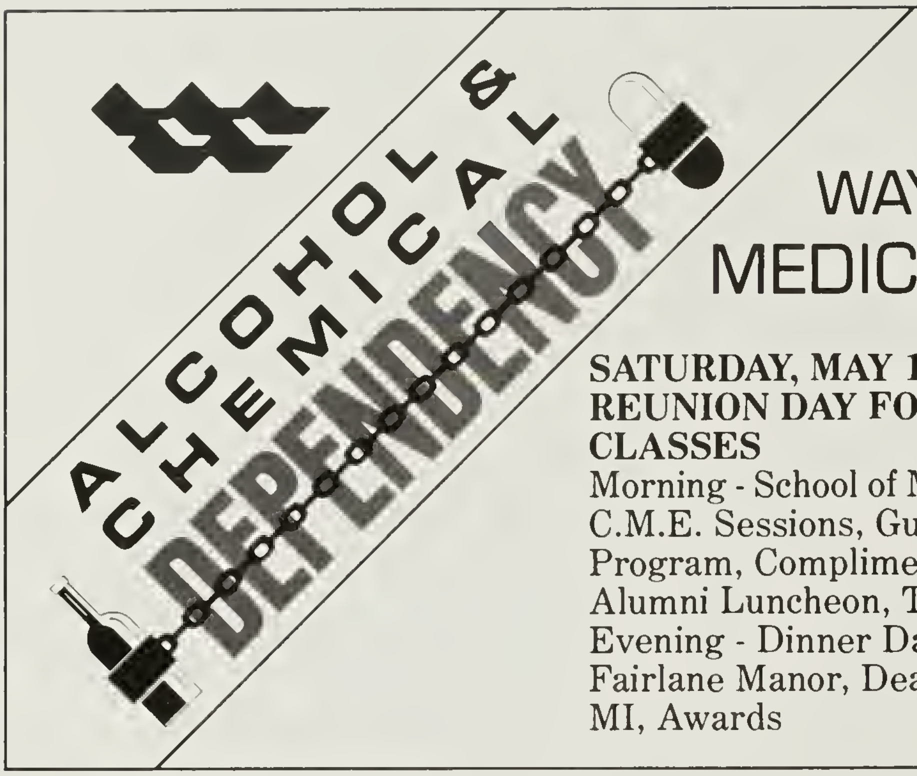
Prevention is the major purpose of the clinic

When the clinic was first established, most of its patients presented chronic illnesses, primarily hypertension and diabetes and complications of both, plus multiple strokes and cardiovascular problems secondary to the untreated hypertension and diabetes. "It was quite obvious," says Doctor Brown, "that because so many of our chronic illness problems were so devastating already, we weren't going to be able to serve them all. We set out, then, with our major purpose being to establish the clinic as a primary care system, and, in that, to emphasize prevention." Now, education and preventive health maintenance is stressed to all clinic patients, and classes in pharmacy, and diabetic and nutritional instruction are held on a regular basis.

Doctor Brown firmly believes the Neighborhood Health Clinic serves as a "nice model for clinics in indigent communities," and looks forward to the time when a "model like this could be used on a nationwide basis for helping indigent patients."

Marcia Lamberts is a Columbia, Missouri-based freelance writer.

Editor's note: This article is the third in a series of articles on physician volunteers. Physicians who have volunteered their services abroad or here in Michigan ar invited to submit articles about their experiences for publication in Michigan Medicine.



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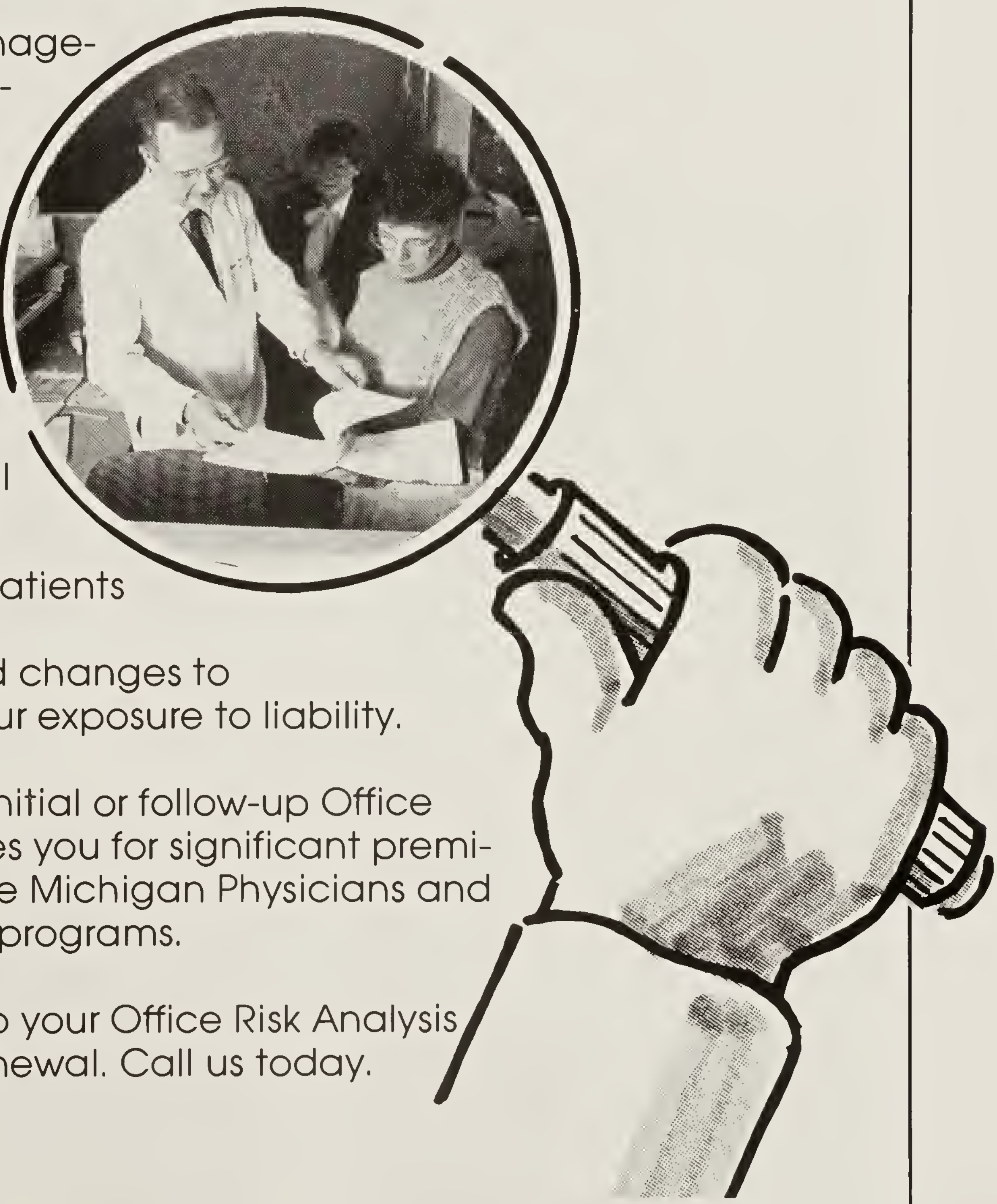

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HIGHLIGHTS OF A RECENT MSMS BOARD MEETING

SHOW DIRECTORS AT WORK

MSMS President Robert E. Paxton, MD, updates directors on his activities since the last Board meeting. Doctor Paxton takes the pulse of members and others he meets in his travels, regularly reporting his findings. In addition, he keeps directors apprised of liability reform efforts, which he continues to spearhead.

Board chairman Frank B. Walker, MD, Detroit pathologist, left, and Vice Chairman Jack L. Barry, MD, Saginaw family physician, share leadership duties during Board meetings. They skillfully manage debate and otherwise shepherd Board members through their complicated agenda of issues.

Guest speakers frequently share their expertise with Board members. On January 17, John T. Kelly, MD, director, AMA Office of Quality Assurance, described national efforts to set medical practice parameters.

Board reference committee chairman B. David Wilson, MD, Kalamazoo allergist, reports his committee's recommendations for Board action. Doctor Wilson chairs the Finance Committee. Other committees are those on Health Care Delivery, chaired by Robert W. Black, MD, Detroit internist; Legislative Affairs, chaired by Marguerite L. Shearer, MD, Dexter family physician; and Scientific and Educational Affairs, chaired by John W. Hall, MD, Petoskey urologist.

MSMS President-elect Susan H. Adelman, MD, Detroit pediatric surgeon, enjoys a colleague's observation during the January 17 meeting. She is flanked by District 11 Director Thomas E. Stone, MD, Muskegon urologist, left, and by AMA representative to the Board Donald K. Crandall, MD, Muskegon general surgeon.

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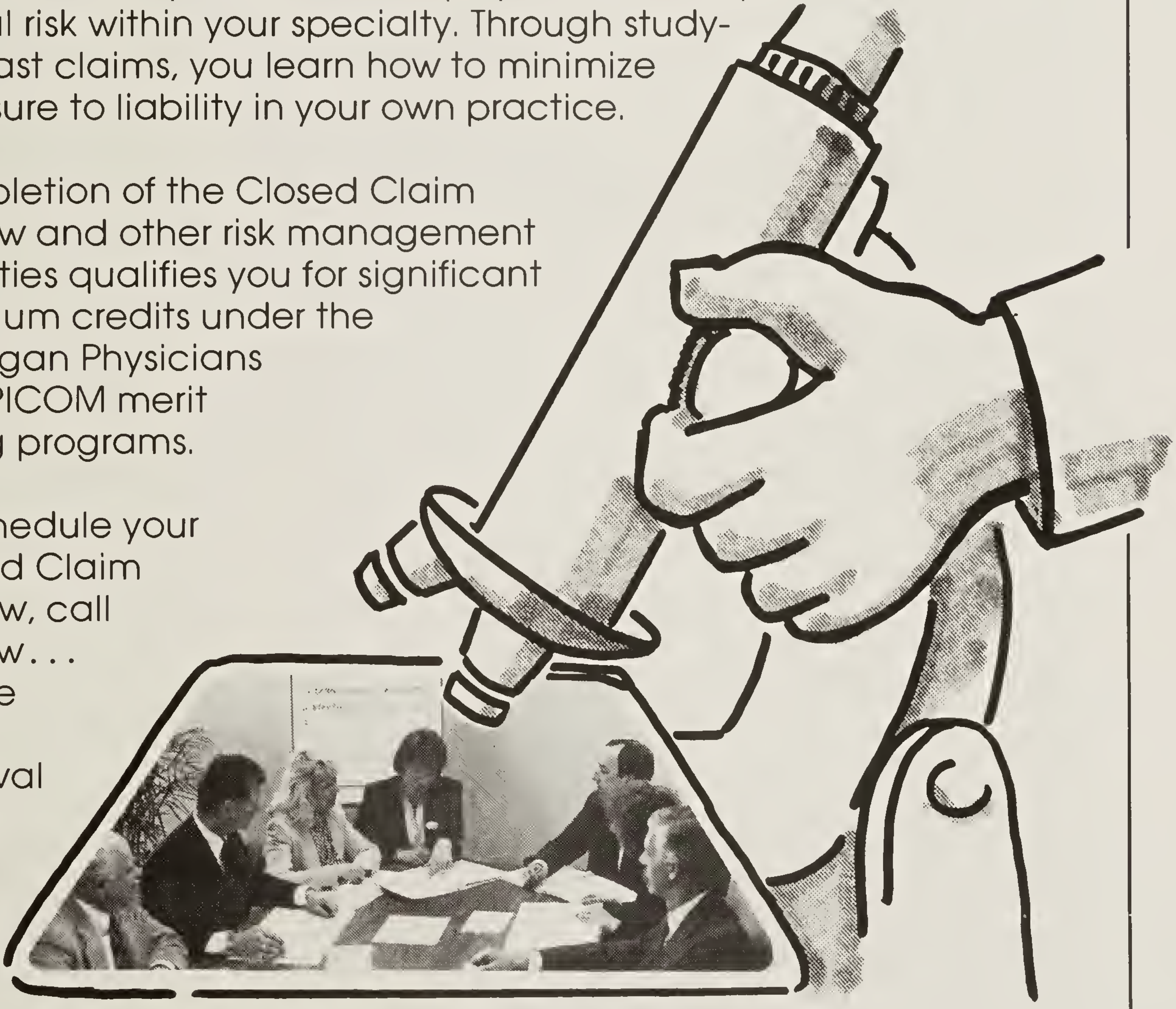

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Effective Retirement Planning

Strategies for the 1990s

By Peter A. Marabell

"Next year could be too late. Now — right now — is the time to start planning for your retirement. You cannot wait until retirement is only five years away. Retirement can offer you new opportunities for a satisfying life, but only if you plan for it." This is the message that is conveyed to those who attend the ever-popular seminar on effective retirement planning offered by Physician Service Group Inc. (PSG), an MSMS subsidiary.

Designed especially for physicians and their spouses, the retirement course is part of a series of seminars on practice management issues. This year, PSG is offering a record 48 sessions on topics ranging from Medicare to physician/patient relations. Because the retirement seminar has been so popular, it will be offered again this fall.

The remainder of this article will focus on retirement planning and some of the key points made at the most recent PSG seminar. For more information on this seminar and others offered by PSG, contact Amy Fistler or Julie Morse at MSMS, (517) 337-1351.

In the 1990s, retirement will encompass emotional, psychological, and physical adjustments. Retirement has come to mean changing roles and relationships, health and fitness, meaningful use of time, financial and estate planning, and housing. Most of all, it means taking control of your future.

Physicians need to take charge of their retirement as they have their practices, and the future will be exciting, bright, and quite satisfying.

The first step is to realize that retirement planning is a process based on goals and information. Physicians have built successful practices on sound business principles, medical training, and a desire to serve people. They have set goals for their professional careers and have designed ways to accomplish those goals. Years of hard work have brought satisfaction, prestige, and a sense of accomplishment. Satisfaction in retirement will come only with the same dedication and thoughtful planning.

Attending PSG's seminar on "Effective Retirement Planning for the 1990s" is the perfect way to start. It covers everything physicians and their spouses need to know in order to look forward to a secure and productive retirement.

Last October, physicians and their spouses spent a day in either Dearborn or Grand Rapids doing just that. Simply scanning the agenda is the best way to grasp the scope of that seminar. "Closing the Practice," "Sale of Practice," "Financial and Tax Planning," and "Adjusting to Retirement," were all discussed in detail.

John Anthony, a practice management consultant who has worked with MSMS for more than 13 years, described ways for physicians to close their practices efficiently and smoothly for themselves and their patients. Julius Giarmarco, a tax attorney with Giarmarco and Bill, PC, and Jeff Lange, a retirement specialist with The Equitable, offered suggestions for dealing with the financial side of retirement.

The highlight of each day's session, however, was Richard T. Conard, MD, of the Southmark Foundation on Gerontology. His presentation — "Adjusting to Retirement" — focused on the psychological and physical aspects of retirement, involving spouses in the planning process, and suggestions for using medical skills to keep active. For more than two decades, Doctor Conard has worked diligently to improve the quality of life for the elderly. He developed a concept known as "pro-life intervention," which convincingly purports that some senility is actually "circumstantial," and can be avoided by living an active, independent life.

The ability to adjust to retirement depends, to a large extent, on attitude. People who usually see their lives as interesting and fun, despite life's difficulties, are more likely to welcome retirement as another challenge to be met head on and explored.

"The more positive your outlook, the better off you're going to be," says Doctor Conard. "Positive people aren't going to have their lives disrupted externally, because their value system is working for them. They're in control of their lives."

"Physicians are very unique people," he added. "They are very focused...so they may not have alternatives ready when they finish practicing medicine."

Physicians are not alone when it comes to a lack of planning, however. Any number of people reach retirement and start thinking about all the good novels they finally have the time to read. "That's good for about three months," Doctor Conard cautioned. "Folks who think that way spiral downward quickly, and they usually can't figure out why. Many physicians get to the end of their careers and say 'What the hell am I supposed to do now?' because they haven't created alternatives for themselves."

That's precisely why PSG has created the retirement planning seminar, according to John Richards, PSG general manager. "Physicians and their spouses need good, solid information, so they know what options are available and how to choose them," says Richards. ■

Peter Marabell, a Michigan State University professor, is a freelance writer and is general manager of GPM Communications, East Lansing.

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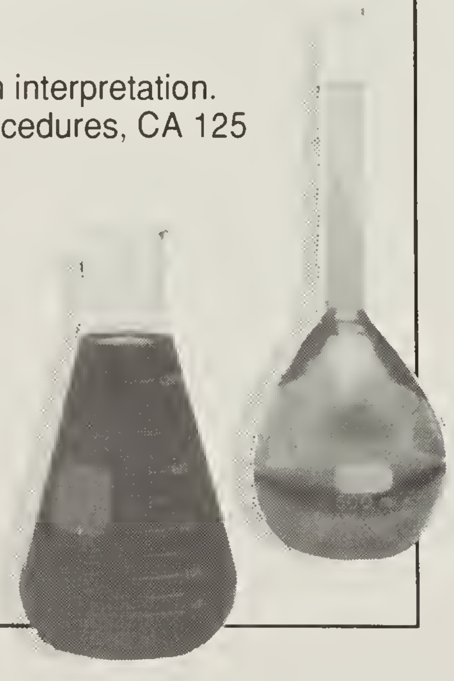

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DEATHS

E. James Gordon, MD
Escanaba

E. James Gordon, MD, general surgeon, died January 14 in his hometown of Berwick, Nova Scotia, after an extensive battle with leukemia. He was 77. Doctor Gordon did his undergraduate work at Acadia University in Wolfville, Nova Scotia, and graduated from Dalhousie University in Halifax. He practiced general surgery in Detroit for eight years and then began practicing medicine in Escanaba in 1960. Doctor Gordon retired in September 1978.

Roscoe J. Fortner, MD
Constantine

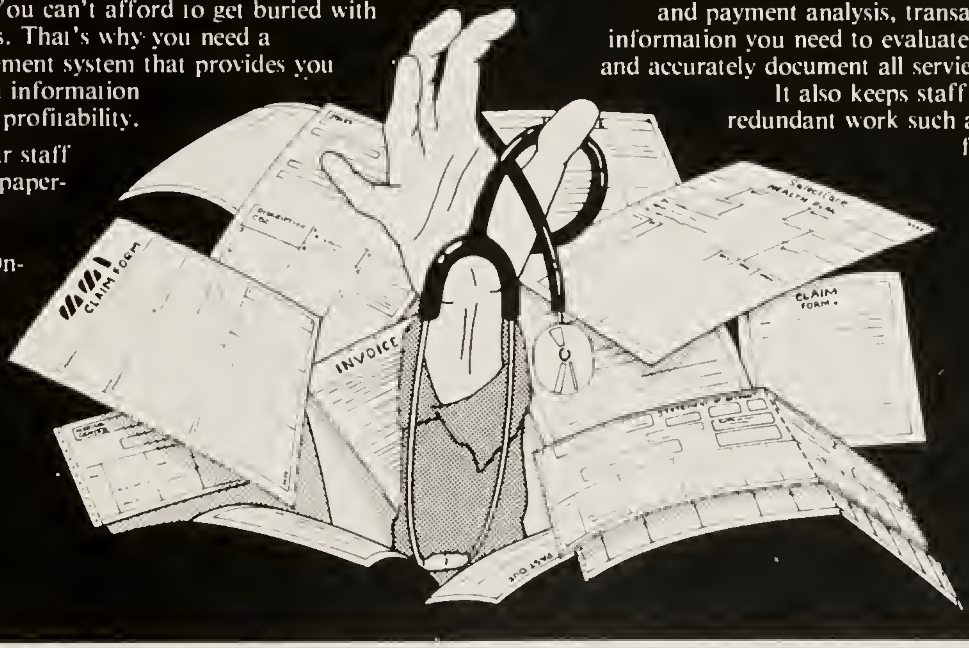
Roscoe J. Fortner, MD, general practitioner, died January 10. He was 88. Doctor Fortner received his medical degree from the University of Michigan Medical School and later served as chief of staff at Three Rivers Area Hospital. He received the Congressional Medal for his service to the draft board during World War II. He also received a 50-year service pin from the American Medical Association. Doctor Fortner was a volunteer for the St. Joseph Cancer Society and was given the Tiffany Award for his dedication to society's work.

William J. Kokeny, MD
Birmingham

William J. Kokeny, MD, obstetrician/gynecologist, died February 3. He was 59. Doctor Kokeny was a graduate of Assumption College, Windsor, Ontario, and the University of Toronto Medical School. He had a private medical practice, was chief of gynecology at William Beaumont Hospital, and was on staff at South Macomb Hospital. Doctor Kokeny was a member of the Michigan State Medical Society, the American Medical Association and a fellow of the American College of Obstetricians.

James T. Maher, MD
Grand Rapids

James T. Maher, MD, pediatric allergist, died January 28 in his home after a two-year bout with cancer. He was 62. Doctor Maher was a graduate of Maryknoll Seminary, St. John's University and Albany Medical School. He served as a pediatrician in the US Army in 1963 and then moved to Grand Rapids. Doctor Maher worked as a pediatric allergist, author, publisher, businessman, ecologist, sportsman, philanthropist, and civil rights proponent.



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Warning: Generally, this drug is not proposed for use in females and certainly must not be used during pregnancy. Neither is this drug proposed for use in pediatric, geriatric or cardio-renal patients with gastric or duodenal ulcer history. Nor should it be used in conjunction with mood-modifying drugs such as antidepressants, or in psychiatric patients in general.

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Dosage and Administration: Experimental dosage reported in treatment of erectile impotence.[1,3,4] 1 tablet (5.4 mg) 3 times a day, to adult males taken orally. Occasional side effects reported with this dosage are nausea, dizziness or nervousness. In the event of side effects dosage to be reduced to ½ tablet 3 times a day, followed by gradual increases to 1 tablet 3 times a day. Reported therapy not more than 10 weeks.[3]

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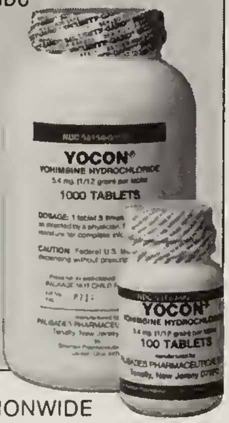
References:

1. A. Morales et al., New England Journal of Medicine: 1221. November 12, 1981.
2. Goodman, Gilman — The Pharmacological basis of Therapeutics 6th ed., p. 176-188. McMillan December Rev. 1/85.
3. Weekly Urological Clinical letter, 27:2, July 4, 1983.
4. A. Morales et al., The Journal of Urology 128: 45-47, 1982.

Rev. 1/85



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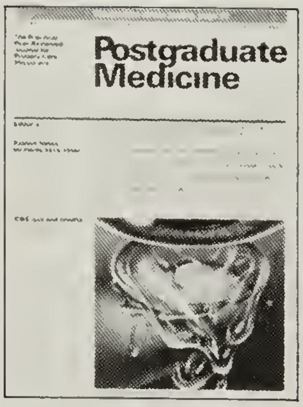

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NEW MEMBERS

Members of the Michigan State Medical Society join in welcoming the following new members into a progressive state medical organization. MSMS is dedicated to promoting the science and art of medicine, the protection of the public health, and the betterment of the medical profession. Each new member is encouraged to join other MSMS members at both local and state levels in achieving these goals.

Edward Austin, MD — GS/PDS
100 Harrow Lane
Saginaw 48603

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3240 Half Moon Lake Rd.
Hillsdale 49242

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Detroit 48036

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Saginaw 48602

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1605 Hotchkiss Road
Bay City 48706

Don Sik Choe, MD — AN
1600 Niles Avenue
St. Joseph 49085

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Farmington Hills 48018

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Detroit 48201

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7749 Auburn
Detroit 48828

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Ypsilanti 48198

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Grosse Pointe Farms 48236

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Saginaw 48603

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MEETINGS

MSMS Meetings

April

12, MSMS/PSG, Evaluating an HMO Contract, Novi Hilton, Novi, MI. Contact: Amy Fistler, PSG, Assistant to General Manager (517) 337-1351 Ext. 65.

17,18,19, MSMS/PSG, Advanced Third Party. 17th – Amway Grand Plaza, Grand Rapids, MI. 18th – Dearborn Inn, Dearborn, MI. 19th – Grand Traverse Resort, Traverse City, MI. Contact: Amy Fistler, PSG, Assistant to General Manager (517) 337-1351 Ext. 65.

24,25,26, MSMS/BCBS Medicare. 24th – Hyatt Recency, Dearborn, MI. 25th – Fetzer Center, Kalamazoo, MI. 26th – Grand Traverse Resort, Traverse City, MI. Contact: Amy Fistler, PSG, Assistant to General Manager (517) 337-1351 Ext. 65.

May

4 & 6, MSMS, Board of Directors Meeting, Amway Grand Plaza, Grand Rapids. Contact: William E. Madigan, MSMS Executive Director, (517) 337-1351.

4-6, MSMS House of Delegates Meeting, Amway Grand Plaza, Grand Rapids, MI. Contact: Dick Campau, Manager, Finance Member Services and Operations, MSMS, (517) 337-1351 Ext. 25.

9, MSMS/PSG, Marketing Strategies, Holiday Inn, Livonia, MI. Contact: Amy Fistler, PSG, Assistant to General Manager (517) 337-1351 Ext. 65.

10, MSMS/PSG, Defensive Planning, The Townsend Hotel, Birmingham, MI. Contact: Amy Fistler, PSG, Assistant to General Manager (517) 337-1351 Ext. 65.

17, MSMS/PSG, Protecting Your Practice, Amway Grand, Grand Rapids, MI. Contact: Amy Fistler, PSG, Assistant to General Manager (517) 337-1351 Ext. 65.

17, MSMS/PSG, Time Management, Hyatt Regency, Dearborn, MI. Contact: Amy Fistler, PSG, Assistant to General Manager (517) 337-1351 Ext. 65.

31, MSMS Conference on Sports Medicine, Domino Farms Complex, Ann Arbor, MI. Contact: Sherry L. Fent, Chief, Physician Education, (517) 337-1351.

June

8,9, MSMS/PSG, AMA's Starting Yourself in Medical Practice: Selecting an HMO or Private Practice, Weber Inn, Ann Arbor, MI. Contact: Amy Fistler, PSG, Assistant to General Manager (517) 337-1351 Ext. 65.

July

12-15, MSMS Board of Directors Meeting, Grand Traverse Village, Traverse City, MI. Contact: William E. Madigan, MSMS Executive Director, (517) 337-1351.

August

6-10, MSMS/PSG, Conomikes Medical Office Management Institute, Grand Traverse Resort, Traverse City, MI. Contact: Amy Fistler, PSG, Assistant to General Manager (517) 337-1351 Ext. 65.

AMA Meetings

April

5-8, Tenth Annual Health Reporting Conference, Denver, CO, Contact: Jill Stewart, American Medical Association, Dept. of Public Information, 535 North Dearborn St., Chicago, IL 60610. (312) 645-5484.

May

10-12, 1990 National Congress on Adolescent Health, Grand Hyatt Hotel, Washington, DC. Contact: Dan Maier, American Medical Association, Dept. of Public Information, 535 North Dearborn St., Chicago, IL 60610. (312) 645-5382.

June

24-28, AMA 1990 Annual Meeting, Chicago, IL, Contact: American Medical Association, Dept. of Public Information, 535 North Dearborn St., Chicago, IL 60610. (312) 645-5000.

October

11-12, Ninth Annual AMA Science Reporters Conference. Contact: John Hammarley, (312) 645-4417.

Michigan Specialty Society Meetings

April

10-13, Michigan Society Respiratory Care Spring Meeting, Southfield, Michigan. Contact: Caroline Kimmel, PSG, Account Executive (517) 337-1351 Ext. 57.

21, Michigan Association for Medical Education Spring Meeting, Novi, Michigan. Contact: Vi Heins, PSG, Executive Secretary (517) 337-1351 Ext. 56.

21, Michigan Society of Anesthesiologists 35th Annual Scientific Session, Novi, Hilton. Contact: Caroline Kimmel, PSG, Account Executive (517) 337-1351 Ext. 57.

May

3, Moral Issues and the Superego in Marital Therapy, Southfield, Michigan. Contact: Shirley Seffinger or Colleen Jaeger, Michigan Psychoanalytic Society, 16310 W. Twelve Mile Rd., Suite 204, Southfield, MI 48076. (313) 559-5855.

3-5, Michigan Association for Medical Education Spring Meeting, Petoskey, Michigan. Contact: Viola Heins, PSG, Account Executive (517) 337-1351 Ext. 56.

4-5, Michigan Medical Group Managers Association Spring Meeting, Novi, Michigan Contact: Caroline Kimmel, PSG, Account Executive (517) 337-1351 Ext. 57.

5, Michigan Society Internal Medicine Spring Meeting, Southfield, Michigan. Contact: Caroline Kimmel, PSG, Account Executive (517) 337-1351 Ext. 57.

9, Michigan Allergy Society Spring Meeting, Detroit, Michigan. Contact: Viola Heins, PSG, Account Executive (517) 337-1351 Ext. 56.

18-19, Michigan Society Pathologists Spring Meeting, Lansing, Michigan. Contact: Viola Heins, PSG, Account Executive (517) 337-1351 Ext. 56.

31, Michigan Psychoanalytic Institute, "Some Comments on Masochism and the Delusion of Omnipotence From a Developmental Perspective." Contact: Colleen Jaeger, Administrative Assistant (313) 557-8633.

31, Michigan Psychoanalytic Society, "The Relevance of Child and Adolescent Analytic Experience to Work with Adults: The Termination Phase." Contact: Shirley Seffinger or Colleen Jaeger, 16310 W. Twelve Mile Rd., Suite 204, Southfield, MI 48076. (313) 559-5855.

June

7-8, Annual Residents/Surgeons Day and Michigan Chapter, American College of Sur-

MEETINGS

geons Annual Meeting, Bellaire, Michigan. Contact: Viola Heins, PSG, Account Executive (517) 337-1351 Ext. 56.

National Specialty Society Meetings

April

23-27, The American College of Physician Executives, Physician in Management I & II, Scottsdale, AZ. Contact: The American College of Physician Executives, (813) 287-2000.

26-29, American Academy of Orthopaedic Surgeons, Leadership Conference, Washington, DC. Contact: Pauletta Reid, Administrative Secretary, (312) 645-4412.

26-29, American College of Physicians, Annual Scientific Meeting, Chicago, IL. Contact: Pauletta Reid, Administrative Secretary, (312) 645-4412.

26-29, American Society of Addiction of Medicine, Phoenix, AZ. Contact: Pauletta Reid, Administrative Secretary, (312) 645-4412.

28-5/3, American College of Occupational Medicine, Houston, TX. Contact: (312) 228-6850.

29-5/3, American Association of Neurological Surgeons, Nashville, TN. Contact: (312) 692-9500.

29-5/4, American Society of Colon and Rectal Surgeons, St. Louis, MO. Contact: Pauletta Reid, Administrative Secretary, (312) 645-4412.

30, American Academy of Neurology, Annual Meeting, Miami Beach, FL. Contact: Pauletta Reid, Administrative Secretary, (312) 645-4412.

30-5/6, American Academy of Neurology, Miami Beach, FL. Contact: Sue Barge, (612) 623-8115.

May

4-5, American Academy of Facial Plastic and Reconstructive Surgery, Spring Meeting, Palm Beach, FL. Contact: Pauletta Reid, Administrative Secretary, (312) 645-4412.

6-9, American Association of Plastic Surgeons, Annual Meeting, Hot Springs, VA. Contact: Pauletta Reid, Administrative Secretary, (312) 645-4412.

7-9, American Association for Thoracic Surgery, Annual Scientific Meeting, Toronto, CA. Contact: Pauletta Reid, Administrative Secretary, (312) 645-4412.

7-10, American College of Obstetricians & Gynecologists, Annual Scientific Meeting, San Francisco, CA. Contact: Pauletta Reid, Administrative Secretary, (312) 645-4412.

7-11, American Pediatric Society, Anaheim, CA. Contact: (718) 270-1692.

10-13, American Society of Internal Medicine, Leadership Conference, St. Louis, MO. Contact: Pauletta Reid, Administrative Secretary, (312) 645-4412.

12-16, American Gastroenterological Association, Annual Scientific Meeting, San Antonio, TX. Contact: Pauletta Reid, Administrative Secretary, (312) 645-4412.

12-17, American Psychiatric Association, New York, NY. Contact: (202) 682-6193.

12-18, American Psychiatric Association, Annual Meeting, New York, NY. Contact: Pauletta Reid, Administrative Secretary, (312) 645-4412.

13-17, American Urological Association, New Orleans, LA. Contact: (301) 727-1100.

16 , American Society for Gastrointestinal Endoscopy,Annual Scientific Meeting, San Antonio, TX. Contact: Pauletta Reid, Administrative Secretary, (312) 645-4412.

16-19, The National Conference of Physician Executives, San Antonio, TX. Contact: The American College of Physician Executives, (813) 287-2000.

17-20, American Geriatrics Society, Annual Scientific Meeting, Atlanta, GA. Contact: Pauletta Reid, Administrative Secretary, (312) 645-4412.

19-22, American Pediatric Surgical Association, Annual Meeting, Vancouver, British Columbia. Contact: Pauletta Reid, Administrative Secretary, (312) 645-4412.

23-25, American College of Sports Medicine, Salt Lake City, UT. Contact: (317) 637-9200.

27-31, American College of Emergency Physicians, 19th Annual Scientific Assembly, Napa, CA. Contact: CAL/ACEP, (213) 374-4039 or 800-SEK-ACEP.

June

10-14, American Orthopaedic Association, Annual Meeting, Boston, MA. Contact: Pauletta Reid, Administrative Secretary, (312) 645-4412.

11-15, American College of Physician Executives, Physician in Management I & II. Contact: The American College of Physician Executives, (813) 287-2000.

20-24, American Academy of Dermatology, Interim Meeting, Boston, MA. Contact: Pauletta Reid, Administrative Secretary, (312) 645-4412.

July

23-26, The American College of Physician Executives, Summer Executive Symposium, Montreal, Quebec, Canada. Contact: The American College of Physician Executives, (813) 287-2000.

27-30, American Academy of Sport Physicians, Annual Meeting, Seattle, WA. Contact: Janie Zimmer, Academy Coordinator, 17113 Gledhill Street, Northridge, CA 91325. (818) 886-7891.

Other Meetings

April

23-24, Michigan Association for Infant Mental Health, 14th Annual Conference: "Everybody Comes From a Family: Nurturing Through the Life Cycle," University of Michigan, Ann Arbor, Michigan. Contact: The University of Michigan Extension Service, Conference Department, 200 Hill Street, Ann Arbor, Michigan 48104-3297. (313) 764-5304.

27, Future Directions for Perinatal Medicine and Nursing in the Nineties. Contact: Office of Continuing Medical Education, Rush-Presbyterian-St. Luke's Medical Center, 600 S. Paulina St., Chicago, IL 60612. (312) 942-7095.

27, Michigan Thoracic Society and American College of Chest Physicians – Michigan Chapter, 1990 Scientific Sessions, Novi, Michigan. Contact: Steve Springer, Program Manager, ((800) 678-Lung or (517) 484-4541.

August

18-24, The Ninth Annual Meeting of The Society of Magnetic Resonance in Medicine. Contact: SMRM, 1918 University Ave., Suite 3C, Berkeley, CA 94704. (415) 841-1899.

CATEGORY I COURSES

Michigan Medicine each month carries a list of opportunities in Michigan for doctors of medicine to obtain Category I credit toward meeting the requirements of Michigan law. Sponsors of Category I programs and courses in Michigan are invited to submit information for the monthly calendar. Each listing below, of programs that carry at least three hours of Category I credit, indicates a contact person so the physician can obtain information. Physicians with questions about accredited programs may phone MSMS headquarters, (517) 337-1351.

April

18, Management of Terminal Illness: The Hospice Concept. Location: Hotel St. Regis, Detroit, MI. **Sponsor:** Henry Ford Hospital, Office of Continuing Medical Education. **Contact:** Office of Continuing Medical Education, (313) 876-3073. **Approved for:** 6 hours Category I Credit.

20, Home Care – "The Key to the 1990's." Location: The University Club, Detroit, MI. **Sponsor:** Henry Ford Hospital, Office of Continuing Medical Education. **Contact:** Office of Continuing Medical Education, (313) 876-3073. **Approved for:** 6 hours Category I Credit.

18-20, Ultrasound In Obstetrics and Gynecology. Location: Towsley Center, Ann Arbor, MI. **Sponsor:** University of Michigan Medical School. **Contact:** Gayle Fox, Program Assistant, Office of Continuing Medical Education, G-1100 Towsley Center-Box 0201, University of Michigan Medical School, Ann Arbor, MI 48109-0201. (313) 763-1400. **Approved for:** 21 hours Category I Credit.

19-21, 19th Annual Critical Care Symposium. Location: Kresge Auditorium, Harper Hospital, Detroit, MI. **Sponsor:** Wayne State University, School of Medicine. **Contact:** Robert F. Wilson, MD, FACS, Department of Surgery, Detroit Receiving Hospital, 4201 St. Antoine, Detroit, MI 48201. (313) 745-3484. **Approved for:** 16.5 hours Category I Credit.

20, Basic Life Support for Health Professionals. Location: Towsley Center, Ann Arbor, MI. **Sponsor:** University of Michigan Medical School. **Contact:** Karen Brown, Office of Continuing Medical Education, G-1100 Towsley Center-Box 0201, University of Michigan Medical School, Ann Arbor, MI 48109-0201. (313) 763-1400. **Approved for:** 5 hours Category I Credit.

21, Topics in Gastroenterology. Location: Macomb Hospital Center, Warren, MI. **Sponsor:** Detroit, Macomb Hospital Corporation. **Contact:** (313) 499-4917. **Approved for:** 5.5 hours Category I Credit.

21-22, Advanced Cardiac Life Support Recertification Course. Location: Towsley Center, Ann Arbor, MI. **Sponsor:** University of Michigan Medical School. **Contact:** Karen Brown, Office of Continuing Medical Education, G-1100 Towsley Center-Box 0201, University of Michigan Medical School, Ann Arbor, MI 48109-0201. (313) 763-1400. **Approved for:** 16 hours Category I Credit.

28, Obstetrical Ultrasound for the 1990's. Location: Administration Building Auditorium, William Beaumont Hospital, Royal Oak, MI. **Sponsor:** William Beaumont Hospital, Department of Obstetrics and Gynecology, Division of Fetal Imaging. **Contact:** Liz Kretschmann, Continuing Medical Education Office, William Beaumont Hospital, 3601 West Thirteen Mile Road, Royal Oak, MI 48073-6769. (313) 551-0429 or 551-0320. **Approved for:** 4 hours Category I Credit.

May

2-4, Advances in CT and MRI. Location: Towsley Center, Ann Arbor, MI. **Sponsor:** University of Michigan Medical School, Department of Radiology. **Contact:** Betty Phillips, Program Assistant, Office of Continuing Medical Education, G-1100 Towsley Center-Box 0201, University of Michigan Medical School, Ann Arbor, MI 48109-0201. (313) 763-1400. **Approved for:** 22 hours Category I Credit.

8-11, 18th Annual Spring Update: Advances in Internal Medicine. Location: Towsley Center, Ann Arbor, MI. **Sponsor:** University of Michigan Medical School, Department of Internal Medicine. **Contact:** Gayle Fox, Program Assistant, Office of Continuing Medical Education, G-1100 Towsley Center-Box 0201, University of Michigan Medical School, Ann Arbor, MI 48109-0201. (313) 763-1400. **Approved for:** 32 hours Category I Credit.

11, Basic Life Support for Health Professionals. Location: Towsley Center, Ann Arbor, MI. **Sponsor:** University of Michigan Medical School. **Contact:** Karen Brown, Office of Continuing Medical Education, G-1100 Towsley Center-Box 0201, University of Michigan Medical School, Ann Arbor, MI 48109-0201. (313) 763-1400. **Approved for:** 16 hours Category I Credit.

12, Advanced Cardiac Life Support Recertification Course. Location: Towsley Center, Ann Arbor, MI. **Sponsor:** University of Michigan Medical School. **Contact:** Karen Brown, Office of Continuing Medical Education, G-1100 Towsley Center-Box 0201, University of Michigan Medical School, Ann Arbor, MI 48109-0201. (313) 763-1400. **Approved for:** 7 hours Category I Credit.

17-18, The Restenosis Summit II. Location: Towsley Center, Ann Arbor, MI. **Sponsor:** University of Michigan Medical School, Division of Cardiology, Department of Internal Medicine. **Contact:** Debra DeSmyther, Program Assistant, Office of Continuing Medical Education, G-1100 Towsley Center-Box 0201, University of Michigan Medical School, Ann Arbor, MI 48109-0201. (313) 763-1400. **Approved for:** 16 hour Category I Credit.

17-19, Microscopic Endolaryngeal Surgery: New and Advanced Techniques of Diagnosis and Treatment. Location: Towsley Center, Ann Arbor, MI. **Sponsor:** University of Michigan Medical School, and Department of Otolaryngology-Head and Neck Surgery. **Contact:** Gayle Fox, Program Assistant, Office of Continuing Medical Education, G-1100 Towsley Center-Box 0201, University of Michigan Medical School, Ann Arbor, MI 48109-0201. (313) 763-1400. **Approved for:** 34 hours Category I Credit.

17-19, Medicolegal Investigation of Death: Location: Radisson Hotel Detroit Metro Airport, Detroit, MI. **Sponsor:** Wayne State University School of Medicine. **Contact:** Division of Continuing Medical Education, University Health Center, 4201 St. Antoine, 4H, Detroit, MI 48201. (313) 577-1180. **Approved for:** 15.5 hours Category I Credit.

18-19, 62nd Annual Ophthalmology Spring Postgraduate Conference: Recent Advances in Eye Plastic and Orbital Surgery. Location: The University of Michigan W.K. Kellogg Eye Center, Ann Arbor, MI. **Sponsor:** The University of Michigan Medical School, Department of Ophthalmology. **Contact:** Betty Phillips, Program Assistant, Office of Continuing Medical Education, G-1100 Towsley Center-Box 0201, University of Michigan Medical School, Ann Arbor, MI 48109-0201. (313) 764-2288. **Approved for:** 13 hours Category I Credit.

CATEGORY I COURSES

June

4-8, **Microvascular Workshop for Otolaryngologists and Head and Neck Reconstructive Surgeons. Location:** Towsley Center, Ann Arbor, MI. **Sponsors:** University of Michigan Medical School, Department of Otolaryngology – Head and Neck Surgery, and the American Academy of Facial Plastic and Reconstructive Surgery. **Contact:** Debra DeSmyther, Program Assistant, Office of Continuing Medical Education, G-1100 Towsley Center- Box 0201, University of Michigan Medical School, Ann Arbor, MI 48109-0201. (313) 763-1400. **Approved for:** 41 hours Category I Credit.

6-8, **Current Topics in Blood Banking. Location:** Towsley Center, Ann Arbor, MI. **Sponsor:** University of Michigan Medical School, Department of Pathology. **Contact:** Gayle Fox, Program Assistant, Office of Continuing Medical Education, G-1100 Towsley Center-Box 0201, University of Michigan Medical School, Ann Arbor, MI 48109-0201. (313) 763-1400. **Approved for:** 12 hours Category I Credit.

13-15, **Clinical Laboratory Computer Symposium. Location:** Towsley Center, Ann Arbor, MI. **Sponsor:** University of Michigan Medical School, Department of Pathology. **Contact:** Debra DeSmyther, Program Assistant, Office of Continuing Medical Education, G-1100 Towsley Center-Box 0201, University of Michigan Medical School, Ann Arbor, MI 48109-0201. (313) 763- 1400. **Approved for:** 16 hours Category I Credit.

July

12-14, **First Bristol-Myers Squibb Symposium on Pain. Location:** Towsley Center, Ann Arbor, MI. **Sponsor:** University of Michigan Medical School. **Contact:** Gayle Fox, Program Assistant, Office of Continuing Medical Education, G-1100 Towsley Center-Box 0201, University of Michigan Medical School, Ann Arbor, MI 48109-0201. (313) 763-1400. **Approved for:** 16 hours Category I Credit.

20-23, **Sixteenth Annual Advances in the Management of Infectious Diseases. Location:** Grand Hotel, Mackinac Island, MI. **Sponsor:** University of Michigan Medical School, Department of Internal Medicine. **Contact:** Betty Phillips, Program Assistant, Office of Continuing Medical Education, G-1100 Towsley Center-Box 0201, University of Michigan Medical School, Ann Arbor, MI 48109-0201. (313) 763-1400. **Approved for:** 11 hours Category I Credit.

22-25, **4th Annual Symposium on Breast Disease. Location:** Grand Traverse Resort, Traverse City, MI. **Sponsor:** University of Michigan Medical School, Department of Radiology. **Contact:** Ted Ciganik, Program Assistant, Office of Continuing Medical Education, G-1100 Towsley Center-Box 0201, University of Michigan Medical School, Ann Arbor, MI 48109-0201. (313) 763-1400. **Approved for:** 13 hours Category I Credit.

24-27, **Cardiology Update. Location:** Grand Hotel, Mackinac Island, MI. **Sponsor:** University of Michigan Medical School, Department of Internal Medicine. **Contact:** Betty Phillips, Program Assistant, Office of Continuing Medical Education, G-1100 Towsley Center-Box 0201, University of Michigan Medical School, Ann Arbor, MI 48109-0201. (313) 763-1400. **Approved for:** 10 hours Category I Credit.

August

3-4, **Diabetes & Endocrinology Update. Location:** Grand Traverse Resort Village, Traverse City, MI. **Sponsor:** University of Michigan Medical School, Division of Endocrinology and Metabolism, Department of Internal Medicine. **Contact:** Registrar, Office of Continuing Medical Education, G-1100 Towsley Center-Box 0201, University of Michigan Medical School, Ann Arbor, MI 48109-0201. (313) 763-1400. **Approved for:** 7 hours Category I Credit.

17-18, **Endoscopic Sinus Surgery. Location:** Towsley Center, Ann Arbor, MI. **Sponsor:** University of Michigan Medical School, Department of Otolaryngology-Head and Neck Surgery. **Contact:** Teresa Mitchell, Program Assistant, Office of Continuing Medical Education, G-1100 Towsley Center-Box 0201, University of Michigan Medical School, Ann Arbor, MI 48109-0201. (313) 763-1400. **Approved for:** 15 hours Category I Credit.

17-20, American Geriatrics Society, Annual Scientific Meeting, Atlanta, GA. Contact: Pauletta Reid, Administrative Secretary, (312) 645-4412.

19-22, American Pediatric Surgical Association, Annual Meeting, Vancouver, British Columbia. Contact: Pauletta Reid, Administrative Secretary, (312) 645-4412.

20-24, American Thoracic Society, Boston, MA. Contact: (212) 315-8794.

23-25, American College of Sports Medicine, Salt Lake City, UT. Contact: (317) 637-9200.

27-31, American College of Emergency Physicians, 19th Annual Scientific Assembly, Napa, CA. Contact: CAL/ACEP, (213) 374-4039 or 800-SEK-ACEP.

June

10-14, American Orthopaedic Association, Annual Meeting, Boston, MA. Contact: Pauletta Reid, Administrative Secretary, (312) 645-4412.

11-15, American College of Physician Executives, Physician in Management I & II. Contact: The American College of Physician Executives, (813) 287-2000.

20-24, American Academy of Dermatology, Interim Meeting, Boston, MA. Contact: Pauletta Reid, Administrative Secretary, (312) 645-4412.

July

23-26, The American College of Physician Executives, Summer Executive Symposium, Montreal, Quebec, Canada. Contact: The American College of Physician Executives, (813) 287-2000.

27-30, American Academy of Sport Physicians, Annual Meeting, Seattle, WA. Contact: Janie Zimmer, Academy Coordinator, 17113 Gledhill Street, Northridge, CA 91325. (818) 886-7891.

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The rate for classified advertising in Michigan Medicine is 80 cents per word, with a minimum charge of $40.00. Copy for classified advertisements should be received not later than the first of the month preceding the month of publication.

POSITIONS OPEN

AIM HIGH – Serve your country and discover the tremendous support of a dedicated staff of professionals as an **Air Force physician.** Enjoy quality benefits, quality lifestyle and 30 days of vacation with pay each year. Find out how to qualify. Call: USAF HEALTH PROFESSIONS (800) 423-USAF Toll Free.

ANESTHESIOLOGIST TO JOIN group consisting of 6 anesthesiologists and 3 CRNAs. Must be board eligible or board certified. Established PC with many fringe benefits in effect. Send CV to Associated Anesthesiologists of Saginaw, PC, 3121 Davenport, Saginaw, MI 48602 or call (517) 791-2150.

ANN ARBOR-DETROIT AREA: Looking for career-oriented **emergency physicians** board certified/prepared in emergency medicine, internal medicine, surgery or family practice. Directorships with stipends available. Excellent compensation including malpractice insurance. Benefit package available to full-time physicians. Contact: Emergency Consultants, Inc., 2240 South Airport Road, Room 23, Traverse City, MI 49684; (800) 253-1795 or in Michigan (800) 632-3496.

ANN ARBOR: PEDIATRICIAN, BC/BE, for full- or part-time at hospital-based Pediatric Urgent Care. PALS skills, and skills in managing the acutely ill, injured infants, and children necessary. Pediatric inpatient consulting service, Level II Nursery and delivery room coverage also available. Position available immediately and/or July 1990. Respond to Emergency Physicians Medical Group, PC, 2864 Carpenter Rd., Suite 100, Ann Arbor, MI 48108, (313) 973-7622.

CLINICAL CARDIOLOGISTS – clinicians sought for suburban practice opportunities in association with the Division of Cardiology, Wayne State University. Strong clinical skills mandatory, with opportunities available for noninvasive, diagnostic, and/or interventional cardiac procedures. Teaching opportunity available. Attractive financial package with substantial growth potential. Reply with CV and expectations to: Harper Hospital, Division of Cardiology, 3990 John R, Detroit, MI 48201.

DERMATOLOGIST, PSYCHIATRIST, ALLERGIST, INTERNAL MEDICINE FAMILY PRACTICE – A progressive 126-bed, two-hospital system is seeking the above specialties to establish practices in the Iron Mountain area of Michigan's Upper Peninsula. Must be BE/BC. Located 100 miles north of Green Bay, Wisconsin, Dickinson County Hospitals has a medical staff of 45 full-time physician and a total service area population of over 45,000. Diagnostic capabilities include a CT scanner, C02 laser, and a fully-staffed special diagnostic department. CONTACT: John Schon, Administrator, Dickinson County Hospitals, 400 Woodward Avenue, Iron Mountain, MI 49801 (906) 779-4500.

EMERGENCY DEPARTMENT PHYSICIAN – The Pontiac General Hospital Emergency Department is under new management with a new medical director. Full-time staff positions are available for committed, professional emergency medicine physicians Board Eligible or Board Certified in emergency medicine or a primary care specialty with emergency medicine experience. New contractual situation with expanding group offers outstanding growth potential with top hourly compensation, profit sharing and malpractice insurance. Send CV to Tobin Lewis, Account Representative, The Sterling Group, 836 West South Boundary Suite B, Perrysburg, OH 43551, or call (800) 874-4053.

EMERGENCY PHYSICIANS – Port Huron area. Low volume, 10,000 to 12,000 annual visits. Twelve- or 24-hour shifts. Salary or hourly. Send CV to Mr. Joseph L. Romain, 18161 West 13 Mile Road, Suite A-2, Southfield, MI 48076 or call (313) 642-9878.

EMERGENCY PHYSICIANS – Two positions available for Board Certified or Emergency Medicine Residency-Trained Physicians for suburban Detroit teaching hospital. Fee for service – 65% of gross receipts. Minimum starting rate $70/hr. Partnership available. Please send CV to P. O. Box 2770, Southfield, MI 48037 or call (313) 642-9893.

EXCELLENT PHYSICIAN OPPORTUNITY – High caliber, patient-oriented **BC/BE INTERNAL MEDICINE, FAMILY PRACTICE, OR MED/PED WOMAN PHYSICIAN** desired for primary care setting. Northern Oakland County. Part-time woman gyn physician also available. Contact: Susan E. Coleman, MD, Medical Director, Women's Health Center of Clarkston (313) 625-6660.

FAMILY PHYSICIAN AND GENERAL SURGEON sought for lovely growing NE Indiana town. Join existing practices or enjoy solo with coverage. Forty miles from major city, this community offers both rural and city advantages. Excellent income guarantee and benefits, progressive modern hospital with young medical staff and low malpractice. Contact, in confidence, Cheryl Broderick, (508) 688-9063 (COLLECT). E.G. Todd is a physician search firm, with opportunities nationwide in all specialties. All inquiries confidential. Fees paid by clients, not physician candidates.

FAMILY PRACTICE – HOSPITAL-SPONSORED clinic opportunity. Dynamic, growth-oriented hospital in beautiful North Central Wisconsin is seeking two family physicians for a new clinic facility currently being constructed. The administrative burdens of medical practice will be minimized in this hospital-managed clinic. The hospital has committed to an income and benefit package which is significantly higher than similar opportunities. Package includes base income, incentive bonus, malpractice, disability, signing bonus, and student loan reduction/forgiveness program. All relocation costs will be borne by the hospital. Please contact Dan McCormick, President, Allen McCormick, France Place, Suite 920, 3601 Minnesota Drive, Bloomington, MN 55435 (612) 835-5123.

FAMILY PRACTICE: Marshfield Clinic, a multispecialty group practice with nearly 350 physicians, is seeking BE/BC family practitioners to join expanding regional centers. Practice opportunities range in size from single specialty groups of three to multispecialty group of twenty-five. Positions available in six locations: Two in northwestern Wisconsin within 70 and 90 miles of Minneapolis; two in north central Wisconsin within 80 and 90 miles of Lake Superior; and two in central Wisconsin within 25 and 35 miles of Marshfield. Full specialty consultation readily available. Positions offer strong economic stability combined with exceptional recreational, cultural, and educational opportunities. Starting salary up to $92,160 with salary in two years up to $116,400. Fringe benefit package outstanding. Send CV and references to: David L. Draves, Director Regional Development, 1000 North Oak Avenue, Marshfield, WI 54449 or call collect at (715) 387-5376.

FAMILY PRACTICE – Physicians seeking a BE/BC family practice physician for the Norway, Michigan, service area. The physician would have the option of joining one of the existing practices and/or setup his/her own practice. Anderson Memorial Hospital is a part of Dickinson County Hospitals and has a service area population of over 45,000. Contact: Dr. Paul Hayes, Anderson Memorial Hospital, Main Street, Norway, MI 49870 (906) 563-9243 or office (906) 563-9255.

FULL TIME, PART TIME, AND LOCUM TENENS. GPs, PPs, and **Emergency Physicians** needed to staff a network of convenience medical care centers located in Bay City, Saginaw, Midland, and Mt. Pleasant, Michigan. Flexible hours and attractive compensation packages. Send CV to or contact Euclid Medical Group, PC, 1420 Center Avenue, Bay City, MI 48708 (517) 892-1199.

GENERAL INTERNIST: Marshfield Clinic, a multispecialty group practice with 350 physicians, is seeking BE/BC general internists to join its 30 member section in Marshfield and three expanding regional centers in Northwest-

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ern and North Central Wisconsin. An Internal Medicine Residency Program, University of Wisconsin Medical School affiliation and Medical Research Foundation contribute to a very stimulating practice environment. Positions offer strong economic stability combined with exceptional recreational, cultural, and educational opportunities. Starting salaries up to $92,100 with salary in two years up to $116,400. Fringe benefit package is outstanding. Send CV to: David L. Draves, Director Regional Development, 1000 North Oak Avenue, Marshfield, WI 54449, or call collect at (715) 387-5376.

GENERAL INTERNIST WITH INTEREST IN PREOPERATIVE EVALUATIONS Marshfield Clinic multispecialty group practice with over 300 physicians is seeking a BE/BC general internist to staff a Preoperative Evaluation Clinic. There is no hospital practice, night or weekend call. This is a half time position; and the applicant may develop the other half of practice to meet his or her practice interests which could include staffing a Walk-In Clinic; Employee Health Clinic or development of a private practice. Salary negotiable but very competitive depending on the type of practice developed, and the fringe benefit package is outstanding. Send references and CV to David L. Draves, 1000 North Oak Avenue, Marshfield, WI 54449 or call collect (715) 387-5376.

GENERAL INTERNIST WITH PSYCHIATRY INTEREST – Marshfield Clinic multispecialty group practice with over 300 physicians is seeking a Medical Director for the inpatient Psychiatry Unit. A BC/BE internist with psychiatry experience is preferred. The medical directorship of the Psychiatry Unit is half-time, and the applicant may develop the other portion of practice to meet his or her practice interest. This could include a private practice or noncontinuity of care practice such as Walk-in Clinic, Preop Evaluation or Employee Health Clinic. Starting salary is negotiable but very competitive and the fringe benefit package is outstanding. Send CV and references to David L. Draves, 1000 North Oak Avenue, Marshfield, WI 54449 or call collect (715) 387-5376.

GRAND RAPIDS: Progressive, established group of residency-trained, board-certified **emergency physicians** seek additional member. Must love emergency medicine and have sense of humor. Group has excellent practice of six years in newly-renovated department in 350-bed hospital. Full departmental status with excellent relationship with medical staff. Transcribed dictated charts and computer information systems in the department. Patient volume is 32,000. We have a high degree of participation in EMS system and also teach residents in the ED with house staff in all specialties except EM and PEDS. The initial compensation is over $125,000. Malpractice, health, and disability insurance as well as $2,000 education allowance the first year. Progressive community with arts and cultural opportunities. Beach, water, fishing, hunting, and outdoors activities. Send CV or contact: William C. Daney, MD, FACEP, Chairman, Department of Emergency Medicine, Saint Mary's Health Services, 200 Jefferson SE, Grand Rapids, MI 49503 (616) 774-6789.

GROSSE POINTE – Full-time **ED** position in new hospital emergency department. Prefer board certified/prepared physician in **EM** or **primary specialty**. Faculty affiliation with emergency medicine residency. Contact: Emergency Consultants, Inc., 2240 South Airport Road, Room 23, Traverse City, MI 49684; (800) 253-1795 or in Michigan (800) 632-3496.

HOUSE PHYSICIAN – Outstanding opportunity for **internist** to supervise residents and PAs on busy in-patient cardiology service of Wayne State University. Attractive financial package with substantial growth potential. Reply with CV to: Harper Hospital, Division of Cardiology, 3990 John R, Detroit, MI 48201.

INTERNIST FOR NEBRASKA – A growing regional medical center in Nebraska seeks an Internist to complement a group of highly qualified peers. Modern, progressive hospital will purchase equipment as needed. Competitive compensation package includes malpractice. Regional community for recreation, culture and shopping. Call Gwyneth Anderson at (800) 221-4762. E.G. Todd Associates, 535 Fifth Avenue, Suite 1100, New York, NY 10017.

INTERNIST – GREAT OPPORTUNITY! Very busy, young solo internist seeking ambitious associate. Family-oriented community on Lake Winnebago with a population of 40,000. No HMO's or PPO's. A unique opportunity for someone who is genuinely interested in Internal Medicine and in its subspecialities. An interest in critical care would be of importance. Send CV's to Michael Sergi, MD, 14 North Main Street, Fond du Lac, WI 54935.

INTERNIST – SOUTHWEST MICHIGAN to join well-established high-volume four-physician practice. Teaching position available. Competitive compensation package plus benefits including malpractice and moving expenses. Please reply to Michigan Medicine, P. O. Box 950 – TLT, East Lansing, MI 48826-0950.

MICHIGAN: EMERGENCY CONSULTANTS, INC., currently staffs Emergency Departments throughout the State. Full-time and part-time positions available in rural and urban locations. Guaranteed hourly rate plus malpractice insurance. Benefit package available to full-time physicians. Contact: Emergency Consultants, Inc., 2240 South Airport Road, Room 23, Traverse City, MI 49684; (800) 253-1795 or in Michigan (800) 632-3496.

MICHIGAN LAKE SHORE: JOIN SUCCESSFUL FP GROUP on campus of premier critical care hospital in community of 110K. Competitive compensation package. Midwestern hometown lifestyle w/ resort recreation. Wide patient mix and supportive, progressive practice environment. Contact Therese O'Brien, Tyler & Company, at (404) 641-6411.

MINNEAPOLIS/SAINT PAUL AND SURROUNDING COMMUNITIES offer practice opportunities for specialists in: **Cardiology, Dermatology, Geriatrics, Internal Medicine, Neurology, Obstetrics/Gynecology, Oncology, Ophthalmology, Orthopedic Surgery, Pediatrics, Rheumatology, Surgery, and Locums.** Contact: LifeSpan Health Care Services, 800 East 28th Street, Minneapolis, MN 55407 (800) 221-1210 or (612) 863-4193 ask for Jerry Hess.

MINNESOTA – LAKES AND TREES. Family Physician to join 5 others in progressive multispecialty group including internal medicine and surgery. Outstanding 42-bed district hospital with 130-bed long-term care facility. Excellent schools and services with easy access to Metro area. Guaranteed salary, full benefits, and bonus. Position available immediately. For confidential consideration and further information, contact: Mary Jo Cordes, MDsearch, P. O. Box 21507, St. Paul, MN 55121. Call collect: (612) 454-7291.

NORTHERN MICHIGAN MEDICAL CORPORATION seeking **general practice** physicians. Well-established family practice with 90+ bed hospital with various specialties available. Five medical clinics with small town atmosphere in nice retirement and vacation areas. $100,000 annual salary with benefits and opportunity to become corporate shareholder. Reply to: Edna Rydd, Corporate Office, P. O. Box 509, Rose City, MI 48654. (517) 685-3366.

OB-GYN / FAMILY PRACTICE / PEDIATRICS / INTERNAL MEDICINE: Several attractive opportunities in Wisconsin, Michigan, and Indiana (many on lakes) for BC/BE physicians. Contact Bob Strzelczyk to discuss your practice requirements and these positions. **STRELCHECK & ASSOCIATES, INC.**; 12724 N. Maplecrest Lane; Mequon, WI 53092; (800) 243-4353.

ORTHOPEDIC SURGEON – A progressive 126-bed, two-hospital system is seeking an orthopedic surgeon to join an established practice in the Iron Mountain area of Michigan's Upper Peninsula. Must be BE/BC. Dickinson County Hospitals has a medical staff of 45 full-time physicians and a total service area population of over 45,000. Doctor Roberts will guarantee $250,000 plus malpractice insurance,

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office space, CME, vacation and relocation expenses. CONTACT: John Schon, Administrator, Dickinson County Hospitals, 400 Woodward Avenue, Iron Mountain, MI 49801 (906) 779-4500.

PEDIATRICS – Young dynamic pediatric group seeks motivated, well-trained associate. Large, busy practice with three offices. Two teaching hospitals. Excellent salary and benefit package. Opportunity for partnership and academic appointment. Beautiful southwest Michigan university community. Abundant cultural and recreational opportunities. Diverse economic base. Good schools. Send CV to Michigan Medicine, 120 W. Saginaw, Box 111-TLT, East Lansing, MI 48826-0950.

PHYSICIAN WANTED: Enthusiastic **General Practitioner** or **Internist**, full or part-time, may be semi-retired. Days only. Southfield area doctor's office/walk-in care facility. Call Mr. Corey days: (313) 557-5155, evenings: (313) 661-0404.

PRIMARY CARE PHYSICIAN: Marshfield Clinic is seeking a Primary Care physician to join its expanding seven-member Emergency Medicine Department. Emergency medicine, urgent and ambulatory care, plus supervision and training of ER staff contribute to a very stimulating practice environment. More than 26,000 ER visits and 13,000 ambulatory care visits annually. Specialists representing all branches of medicine and surgery provide support care and services. Marshfield Clinic is a private group practice consisting of 350 physicians and is physically adjacent to Saint Joseph's Hospital, a 525-bed acute care teaching facility. Send curriculum vitae to: John P. Folz, Assistant Director, Marshfield Clinic, 1000 North Oak Avenue, Marshfield, WI 54449 or call collect at (715) 387-5181.

RADIOLOGIST – A three-man radiology group is seeking a fourth radiologist with experience and interest in interventional radiology. Dickinson County Hospitals is a progressive 126-bed, two-hospital system located in Iron Mountain, Michigan's Upper Peninsula. We have a service area population of over 45,000. Contact and/or send resume to: Doctors Specht/Shampo/Manzano, Radiology Department, Dickinson County Hospitals, 400 Woodward Avenue, Iron Mountain, MI 49801 (906) 779-4565.

RADIOLOGIST FOR MIDWEST – Progressive hospital in Kansas with CT SCAN, mobile ultrasound and mammography seeks Radiologist. Income guarantee provided. Projected revenues exceed $200,000. All insurances paid. One hour from two cities that both offer cultural and educational amenities. Call: Gwyneth Anderson at (800) 221-4762. E.G. Todd Associates, 535 Fifth Avenue, Suite 1100, New York, NY 10017.

REGIONAL ORTHOPEDIC PRACTICES – Lucrative orthopaedic practices available with several midwestern regional medical centers. Unique opportunities with highly competitive start-up compensation packages which include income guarantees, paid malpractice and moving allowance along with additional desirable benefits. These are modern facilities with excellent peer association and up-to-date surgical equipment. Several locations available! Call: Gwyneth Anderson at (800) 221-4762, or write to: E.G. Todd Associates, 535 Fifth Avenue, Suite 1100, New York, NY 10017.

RHEUMATOLOGIST: 115-physician multispecialty clinic in the Fox River Valley of northeastern Wisconsin desires a BC/BE rheumatologist to join a department of 3 BC rheumatologists. Two-year guarantee plus comprehensive benefit package offered. This area, which encompasses Appleton, Neenah, and Oshkosh with a combined population of +300,000, offers a superb recreational, cultural, and family environment in which to practice. For information please call or write: Roger Rathert, MD, La Salle Clinic, 411 Lincoln Street, Neenah, WI 54956, (414) 727-2702.

SMALL HOSPITAL, 45 MINUTES WEST OF MINNEAPOLIS, HAS NOTED GERIATRIC PROGRAM. First year minimum salary of $50,000 plus 37% adjusted revenues, 4 weeks' vacation, 2 weeks CME, 401 (K) pension plan, malpractice. Lakeside community. Call: Wanda Parker at (800) 221-4762, or collect (212) 599-6200.

SMALL, PROGRESSIVE HOSPITAL, IN SOUTHWESTERN IOWA, SEEKING THIRD FAMILY PRACTICE PHYSICIAN. First year minimum income guarantee $70,000, plus benefits. Omaha, Nebraska within hours' drive. Specialists from Omaha provide clinics/backup. Call: Wanda Parker, (800) 221-4762, or collect (212) 599-6200. E.G. Todd Associates, 535 Fifth Avenue, Suite 1100, New York, NY 10017.

WANTED: FULL AND PART TIME PRIMARY CARE PHYSICIANS for urgent care walk-in clinics, multiple locations. Flexible hours, no hospital duties. Excellent compensation and incentives. Paid malpractice insurance. Full-time benefits include medical society dues, health, life, and disability insurance. Send CV to: Outpatient Medical Clinics, P. O. box 610948, Port Huron, MI 48061.

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PRESIDENT'S PAGE

Time Flies

By Robert E. Paxton, MD

Ecclesiastes advises us that there is a time for everything. Virgil declares, "FUGET INREPARABLE TEMPUS — Time is flying never to return." Longfellow writes about leaving footprints on the sands of time.

No matter how you cut it, about now certain things are obvious. This is the last president's page I am to write. It is time for my leadership in MSMS to enter a phasing out process. Time does fly by! It seems only yesterday that you challenged me with the responsibility of the presidency of MSMS. And finally, only you, my colleagues, will determine whether I left any footprints on our sands of time.

How on a single page can I attempt to evaluate over 25 years of dedication to MSMS which culminated in the presidency? I can't, I won't even attempt it. But at least let us take a look at the three goals I established when I took office.

Goal #1: Increase membership involvement

I have wanted consistently throughout my leadership to see increased grassroots involvement in the decision-making process. Our involvement with the PIPs (Physician Issue Presentations) and focus groups has helped reach that goal. Furthermore, I see decisions being made and leaders selected by a more democratic process.

Our MSMS sections, representing students, residents, young physicians, hospital medical staffs and graduates of foreign medical schools, have played a significant role in policy making. Response by individuals has been most enthusiastic and rewarding but our efforts will be further enhanced if all members find some way to participate.

Finally, although I see increased grassroots involvement in the political process, we have a long way to go. I urge the leadership to stress the importance of physician involvement and know that we can see results with effective grassroots participation.

Goal #2: Realistic solutions to problems

Obviously, the scope of this goal was quite broad, but I sincerely feel that progress has been achieved — progress in what seems to be a never-ending farrago of issues and problems confronting us.

I had promised a realistic solution to liability for presentation to the legislature and the public during 1990. We will attain that goal. The P.I.A.A. Plan, now called the Michigan Medicine Liability Determination Act, is the centerpiece of our efforts. In addition, we will press for alternatives such as a no-fault for special cases like neurologically-impaired infants, increased use of arbitration, Senator Schwarz's legislation for good samaritan laws in emergency hospital care and effective but fair physician licensing and discipline reform.

Next comes the problems of getting our plan adopted — a formidable task. It won't happen in the next month or two, it may take a couple of years. The final solution will be very demanding of the time and energies of a united profession working through our state society.

Goal #3: Unity

When I started my presidency I had no illusions of complete unity by the end of my year. What we have done is to identify some existing problems and to stress unity both within and without. We have promoted closer working relationships between the specialty societies which have encouraged greater unity.

Liaisons have brought us closer with the Michigan Hospital Association, the Michigan Nurses Association and other provider groups. We have witnessed greater cooperation between us and related bureaucracies. We have intensified our dialog with BCBSM, volunteer medical groups and our state medical schools.

It is true, much more needs to be done, but I have persistently challenged the membership wherever I have gone: "Maintain unity even when it hurts a little — and it will hurt at times!"

Final thoughts

My final words must express my gratitude. I would echo the words of the lyric, "It was a very good year!" I appreciate the opportunities you have given me. Whatever footprints are left on the sand have been with the help of many, many people.

I thank the membership for their cordial reception as I traveled from one end of the state to another. Your genuine support and encouragement have strengthened me.

I thank the leadership of MSMS for their constructive criticism and guidance. Everything we have attempted has been a team effort.

I wish I had the ability to adequately express my thanks to the MSMS staff for their inspiration, support and downright everyday help. It didn't make any difference whether it came from the production room or the executive director's office, I felt all were helping me in every way possible. Staff, I thank you from the bottom of my heart.

One last word — none of this would have been possible if it were not for the efforts of my wife, Georgia Mae. In her own private and special way she has made a contribution to MSMS and our profession. Georgia, I sincerely salute you, thank you and love you.

P.S. To Dr. Adelman: Sue, we support you 100 percent. It's a great profession — a great society — a great time to be involved! But remember, time flies!

Doctor Paxton is MSMS president.

MICHIGAN MEDICINE

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MICHIGAN MEDICINE

4 COVER STORY

Operating an efficient medical practice in the 1990s will require an increasing amount of a physicians time and energy. Expert advice and information on topics such as effective doctor/patient communications, financial management, third party relations, patient flow, scheduling, and strategic planning will be imperative. Because MSMS recognizes this fact, and already is providing expert physician services through its subsidiary — Physician Service Group, Inc. — practice management is the subject of this month's cover story. Included in the cover story is a review of the increasing number of practice management seminars offered by Physician Service Group; expert advice on running an efficient practice in the 1990s; a discussion of on-line versus in-house billing systems; ten tips on how to improve your practice management skills; a discussion of the importance of coding; an examination of the benefits of early retirement planning; and tips on how to care for your car phone.

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n next month's issue of *Michigan Medicine*:
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Michigan Medicine, the official journal of the Michigan State Medical Society, is dedicated to providing useful information for Michigan physicians about actions of the Michigan State Medical Society and contemporary issues, with special emphasis on socio-economics, legislation and news about medicine in Michigan.

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IN MY OPINION

Physicians have to become better businesspeople

By John W. Hall, MD

Physicians are in the practice of medicine to earn a living. We see patients and charge them a fee for our services. If the buzz word is that medicine has become a "business," then physicians must be businessmen and women.

There, I have said it! It is as if money and profit are four letter words to physicians. We become uneasy when the topic of social conversation turns to money. We become defensive when newspapers report our earnings. We have a litany of reasons why our incomes are justified. Then, why is there a problem?

Certainly, money is not the only reason or the most important reason that most of us went into medicine. The service of our fellow man and the intellectual stimulation afforded by the practice of medicine are still the magnets that initially drew us to medicine and hold us there for our career. These reasons stand on their own and need no justification.

As the business of medicine looks more and more at the bottom line and as all payers become more and more cost conscious, the money earned and the profits generated by physician practices are coming under much closer scrutiny. They can and must be defended and supported by organized medicine. But, they must also meet the rule of reasonableness.

Reasonable is a very vague concept. What is reasonable to one person can certainly be unreasonable to another. Yet, when I read of Medicare billings of a single physician of over one million dollars, I find that I cannot explain such income to my friends in the community. On the other side of the coin, I know many hard working physicians who struggle to generate an income that is compatible with their length of training, their skills or the value of their service to the community. This is also unreasonable.

What is the answer? First, organized medicine must speak out against the excess profits being generated by some medical practices. There are some overpriced procedures and price restructuring is indicated. If loopholes allow medical "mills" of any type to exist, then we, as well as others in the community, must play a role in restricting their activities.

Secondly, we must continue our support of the RBRVS through the AMA. This redistribution of payment based on rational standards is late in coming but a welcome reprieve.

The final answer is addressed in this issue of Michigan Medicine. Physicians have to become better businesspeople. The ability to generate additional income by increasing the volume of ones' practice will be restricted by the over supply of medical personnel. The volume restrictions being discussed with Congress, the development of strict practice parameters, and the stringent application of utilization review will limit all procedures of marginal benefit. But the application of sound practice management will still allow physicians to maintain a reasonable return on their investment of time and effort in the practice of medicine. The Michigan State Medical Society, through its subsidiary, Physician Service Group Inc., stands ready to help you prepare your practice for this challenge of the '90s.

Doctor Hall is a member of the MSMS Board of Directors and the MSMS Committee on Publications.

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Letters from Our Readers

Camp Catch-A-Rainbow offers a unique experience for kids who have cancer

The American Cancer Society is again pleased to present Camp Catch-A-Rainbow, a camp for children with cancer, designed by children with cancer.

Camp Catch-A-Rainbow offers a unique camping experience for children aged 7-18 who have, or have had, cancer. This program is offered at no charge to pediatric patients as part of the service program of the American Cancer Society, Michigan Division. (Campers need not be ambulatory.) This year we will again be offering a one day pre-school camp on Sunday, July 22, for children ages 4-6 who have, or have had, cancer.

We need your help in identifying interested families and campers for our 1990 session, July 21-28. Camp Catch-A-Rainbow, located just north of Muskegon, offers a fun-filled summer experience.

Twenty-four-hour medical supervision will be provided on-site by volunteer oncology physicians and nurses. Any child on an active treatment schedule can also receive chemotherapy on-site. A consortium of Muskegon hospitals have agreed to act as emergency back-up to ensure that the children at Camp Catch-A-Rainbow can enjoy their experience, and their parents and primary physicians can relax, knowing that the campers are in a fun-filled, safe, and medically secure atmosphere.

If you know of young cancer patients whom you feel would benefit from the camping experience we are providing, please share the above information with them and their parents. Brochures and posters on Camp Catch-A-Rainbow are available from the American Cancer Society, Michigan Division. To register, or for more information, call (800) ACS-2345.

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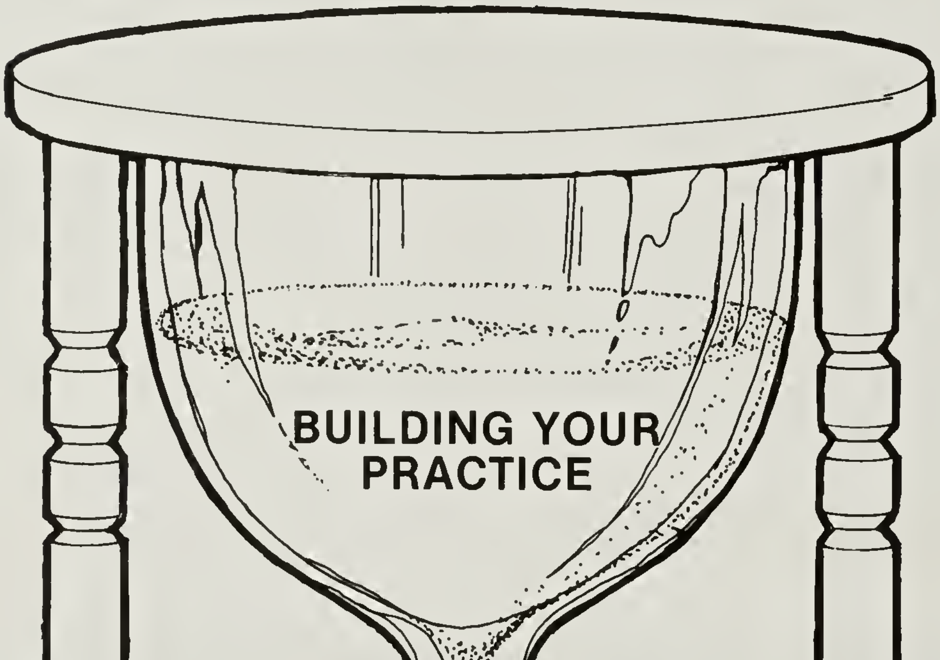

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AMA, Rand Corp. and AMCC create project to improve health care in U.S.

The American Medical Association, The Rand Corporation and the newly-established Academic Medical Center Consortium (AMCC) have established "The Clinical Appropriateness Initiative," a cooperative project to identify and promote appropriate health care and to reduce inappropriate health care.

The three organizations signed an agreement to establish a partnership between the research and medical practice community to improve the health of the American people.

The project plan consists of 10 major activities. The AMCC and Rand will conduct research on, and develop appropriateness criteria for, selected medical and surgical procedures, diagnoses and conditions. The AMA, through collaboration with the national medical specialty societies and state and local medical societies, will facilitate development of patient management strategies, known as practice parameters, based on the appropriateness criteria. After initial development, the AMA will disseminate the practice parameters and facilitate their updating by the national medical specialty societies. The AMCC, Rand and AMA will evaluate the effectiveness of the initiative in identifying and promoting appropriate care and reducing inappropriate care.

Studies on four procedures are underway: cataract surgery at the University of Iowa; aortic aneurysm surgery at the Mayo Clinic; carotid endarterectomy at Duke University — all AMCC members; and coronary artery bypass surgery at Rand. This first phase of the initiative is funded by a $975,000 grant from the John A. Hartford Foundation and a $500,000 grant from the Commonwealth Fund, both of New York City. In addition, AMCC members, Rand and the AMA are providing direct and in-kind contributions to start these initial studies.

The initiative will be extended to cover additional procedures as funding can be obtained from other foundations, corporations and governmental agencies. Procedures under consideration for future criteria development include coronary angioplasty, abdominal ultrasound, cholecystectomy, lower extremity bypass graft, electrocardiography, hip replacement, prostatectomy and laminectomy.

Other members of the AMCC are the Strong Memorial Hospital at the University of Rochester, which serves as the Consortium coordinating center; Brigham and the Women's Hospital, Boston; Johns Hopkins Hospital, Baltimore; the Oschner Medical Foundation, New Orleans; the University of Pennsylvania, Philadelphia and the University of California, Los Angeles.

Rand President James A. Thomson called the initiative an unprecedented partnership and a promising opportunity to improve the standards of American health care while helping to keep costs in bounds.

AMCC Executive Director David M. Witter, Jr., noted that "the formation of the Consortium provides the focus for major academic medical centers to help improve our health care system. The AMCC members are in a unique position to conduct such a multi-institutional research project as the appropriateness initiative and have a real impact on the future of health care delivery in the United States."

"The AMA has identified the development of practice parameters as a key element in its blueprint for strengthening the American health care system," said James S. Todd, MD, acting executive vice president of the AMA. "This initiative will be another important part of the physician community's longstanding efforts to improve quality, assure appropriate utilization and help contain costs."

The process for developing appropriateness criteria for a specific procedure was pioneered at Rand. Researchers at the AMCC institutions and Rand will conduct comprehensive reviews of the medical literature to identify all possible indications for performing a given procedure.

Panels of expert physicians will be convened to analyze the information from the literature review. Panel members will include eminent physicians from relevant specialties, including those who diagnose the condition, provide consultations, perform the procedure and provide the follow-up care. Based on the decisions of the panels, the researchers will develop appropriateness criteria, analyze data to determine variation in utilization and practices, and implement educational programs.

The AMA, in conjunction with the national medical specialty societies and other physician organizations, will use the appropriateness criteria, research findings and clinical experience to develop practice parameters that are scientifically sound, clinically relevant and applicable in the daily practice of medicine. The practice parameters can also be used as the foundation for quality assurance programs, utilization review systems and insurance coverage policies.

Harper undergoes study on diet and kidney disease

Harper Hospital in The Detroit Medical Center is conducting a two-year research project looking at the role of diet in preventing the progression of kidney disease. The study is under the direction of Franklin McDonald, MD, nephrologist at Harper Hospital and professor of medicine for the Wayne State University School of Medicine.

The research project, which is part of a multi-center international trial, will compare the effectiveness of a supplemented very low protein

Continued on page 10

Continued from previous page

diet to a low protein diet alone in preventing the progression of chronic kidney disease. Specifically, it is thought that much of the wastes the kidneys filter are by-products of protein. Therefore, it may be that the less protein eaten, the less waste the kidneys have to filter. This may result in a decreased strain on the kidneys.

Harper Hospital is looking for participants between the ages of 18 and 75 who have been diagnosed as having chronic kidney problems but whose disease has not progressed to the point where they need dialysis or a kidney transplant. Participants receive free medical care, and free counseling on nutrition and blood pressure.

To participate in the research project, or for further information, please call Helen Dries, RN, nephrology research coordinator, at (313) 745-6028 or (313) 745-7145.

U-M studies effectiveness of alcohol education programs for kids

An alcohol education program designed for fifth- and sixth-graders that stressed social skills and techniques for resisting peer pressure had lasting benefits, University of Michigan researchers report. The program had the greatest impact, however, on students who already were drinking in unsupervised situations.

"In our study of more than 5,600 fifth- and sixth-graders, we found that 15 percent to 19 percent of them were already drinking in unsupervised situations, that is, without parental supervision or consent," said T.E. Dielman, professor in the U-M Medical School and School of Public Health.

"Those same children, however, were positively affected by the U-M Alcohol Misuse Prevention Study (AMPS) curriculum. Two years after their participation in AMPS, the frequency and amount of alcohol they were consuming in junior high school had increased significantly less than their 'already-drinking' peers who had not participated in the program," Dielman said.

The U-M AMPS curriculum, an ongoing program for fifth- and sixth-graders in 49 schools in southeastern Michigan, began in 1985.

Dielman attributes the success of the program to its stress on social skills and peer-resistance techniques. "The sessions provided many role-playing opportunities for students to develop and practice resistance to peer pressure. Also, students were videotaped refusing the offer of a drink in hypothetical situations and then they viewed the videotapes of their successful refusals. The practice with the social skills and the reinforcement of the videotaping seems to have been effective."

WSU to participate in health care network

Wayne State University (WSU) has been selected to participate in a year-long program that could result in a multi-million dollar grant to create a new environment for training health care professionals.

The program, sponsored by the W.K. Kellogg Foundation of Battle Creek, is aimed at establishing a network of academic, community-based, primary health care centers for health professions education, research and service. The proposed centers

Continued on page 11

Physicians in the News

Gerald H. Mandell, MD, is the new president of the Michigan Society of Pathologists. Doctor Mandell is vice president of medical affairs, Sinai Hospital, Detroit. He has been on staff at Sinai since 1953 and became the chairman of the Department of Laboratory Medicine in 1983. He is a graduate of the Wayne State University College of Medicine and holds fellowships in the American Society of Clinical Pathologists and the American Society of Coagulationists. Doctor Mandell is former speaker of the MSMS House of Delegates.

James K. Watkins, MD, is the newly-elected president of the Kent Medical Foundation. Doctor Watkins has been a trustee of the Foundation for two years and is the immediate past president of the Kent County Medical Society. The Kent Medical Foundation is a charitable trust founded in 1961 that gives financial assistance to students from Kent and bordering counties who are pursuing careers in medicine and the allied health fields.

John A. Anderson, MD, is the newly-elected president of the American Academy of Allergy and Immunology. Doctor Anderson received his medical degree from the University of Illinois College of Medicine and served his residencies at the U.S. Naval Hospital, Maryland and at Children's Hospital, Washington. He is currently head of the Division of Allergy and Clinical Immunology, Henry Ford Hospital, Detroit. He also is clinical professor of pediatrics, University of Michigan Medical School, Ann Arbor.

Kenneth W. Bollin, MD, is chief of the Department of Family Practice, St. John Hospital and Medical Center. Doctor Bollin graduated from Harvard Medical School and served his residency at the University of Iowa. He has been in practice for 10 years and is certified by the American Board of Family Practitioners.

Martin I. Schock, MD, is involved with the Warren Cooperative Group Outreach Program (a local affiliate of the Southwest Oncology Group) which recently joined in a national study on colon cancer. The results of Doctor Schock's research were recently published in the *New England Journal of Medicine*. The study compared three types of treatment following surgical removal of all the colon cancer and the involved lymph nodes. Doctor Schock currently serves as the chief of oncology at Macomb Hospital Center.

will link students and educators in fields such as medicine, dentistry, nursing, pharmacy, and social work with programs in the community that provide services to the public.

WSU received a $19,500 Kellogg Foundation grant and is one of 15 universities chosen to participate in the initial leadership and development phase.

After the 18-month preparatory phase, the Foundation expects to select four to six of the 15 institutions to establish primary care centers that offer innovative, comprehensive and affordable health services in the community. Each center will also have educational and research components.

The Foundation expects to finance the community-based programs for a three- to four-year period under grants of $4 million to $6 million for each center.

University President David Adamany said the program may provide "a vehicle for Wayne State University to have an impact on the quality of health care in the Detroit Metropolitan area in an exciting new way."

"The Kellogg Foundation clearly recognizes that some of the challenges for education in the health-related professions for years to come will be to prepare professionals to find their way through the thicket of technology and changing business relationships," Adamany said, "and to develop partnerships that will link the service needs of the community with the traditional university activities of education and research."

MHCERF awards $70,000 to area researchers

The Michigan Health Care Education and Research Foundation (MHCERF), the research and philanthropic affiliate of Blue Cross and Blue Shield of Michigan, has awarded a total of $70,000 in grant monies for five research projects, including a study of the use of Hepatitis B vaccine by Michigan physicians.

Robert E. Paxton, MD, MSMS immediate past-president, will receive a $5,000 grant to develop a proposal to study how to promote vaccine use among doctors and at-risk patients. "We are trying to alert physicians in Michigan about the dangers of Hepatitis B," Doctor Paxton said. "We are dealing with a very serious disease that is not being recognized by the overall community, not even the medical community."

The grant is part of MHCERF's Research Support Venture for Physicians (RSVP). It gives up to $5,000 to physicians who are interested in conducting clinical research and need assistance in writing research proposals. Physicians also may be eligible to apply for a $50,000 research grant after a proposal is developed.

Other $5,000 grants were awarded to:

Caroline S. Blaum, MD, medical director of the Henry Ford Medical Center for Seniors, to develop a proposal to study cancer screening of black senior citizens in urban areas.

Doctor Blaum's project will attempt to identify whether screening is readily accessible to black seniors, the quality of service, seniors' attitudes, and if seniors who need screening are being reached.

Bruce Sack, MD, and **Toby Hazan, MD,** of Botsford General Hospital, Farmington Hills, to develop a proposal to study treatment and recovery potential of older psychiatric patients.

J. E. McGillicuddy, MD, of the Lansing Hernia Center, to develop a study on hernia repair, with a focus on elderly patients.

A $50,000 research grant was awarded to **Rhonda J. V. Montgomery, PhD,** director of Wayne State University's Institute of Gerontology, to conduct a full-fledged study of respite programs for family members or friends who care for those with Alzheimer's Disease or related disorders.

U-M Hospitals receive award for quality care, service

The University of Michigan Hospitals have been named recipient of The 1990 Healthcare Forum/Witt Award: Commitment to Quality for exemplifying outstanding commitment to providing quality care and service.

The award honors the dedication and work of U-M's physicians, employees and leadership who work together to provide quality services for patients, employees and communities.

Judging criteria include leadership and strategic planning, quality assurance of products and services, human resource utilization, quality results and patient care.

The award was based in large part on the Hospitals' Total Quality Process, instituted in 1987 to foster teamwork, emphasize quality, promote learning and build on the contribution of every employee while providing a stronger system of health care and customer service.

Endurance workout protects lab rats exposed to carcinogens, U-M test reveals

Endurance-trained laboratory rats appear to be more resistant to carcinogens than sedentary rats, a University of Michigan biologist reports.

The mechanism protecting the exercise-trained rats is still unknown, according to Professor Robert E. Beyer, who conducted the experiment. But he noted that heart, liver and muscle tissue samples from endurance-trained rats contained significantly higher levels of a molecule called coenzyme Q, which is involved in the biochemical process cells use to turn food into energy.

Beyer suspects high levels of coenzyme Q may have protected the endurance-trained rats from premalignant cell damage that developed in sedentary rats when both groups were injected with carbon tetrachloride and ethanol — substances that are known to cause cancer in humans and other animals.

"While a causative relationship with coenzyme Q remains to be proven, some type of 'anti-cancer factor' in these endurance-trained animals appears to provide increased resistance to the types of free radical damage induced by carcinogens," Beyer said.

Beyer noted that his study of a possible exercise-induced "anti-cancer factor" is still preliminary. But early comparisons between groups of endurance-trained rats, which run seven to nine miles each day on treadmills, and a control group of sedentary rats that do nothing but lie around the cage and eat all day, are intriguing:

- Levels of MDA (malondialdehyde) — a chemical indicator of free radical damage to lipid or fat molecules in cellular membranes — averaged two to four times higher in liver, heart and muscle samples of sedentary rats run to exhaustion than in endurance-trained rats.
- Levels of coenzyme Q were 1.7 to 2 times higher in heart, liver and muscle tissue samples in endurance-trained rats than in sedentary rats.
- Sedentary rats that received supplemental coenzyme Q, in addition to carcinogens (carbon tetrachloride or ethanol), produced about three times

Continued on page 12

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less MDA in urine and liver samples than rats that were injected with the carcinogens without supplemental coenzyme Q.

"The possibility must be considered that physical activity induces synthesis of an antioxidant — possibly coenzyme Q — protecting these rats against free radical damage," Beyer said.

Since the biochemistry of rats is similar to that of humans, Beyer believes endurance trained human athletes may also have increased levels of protection against cancer and other free radical diseases. But he can not yet predict the level of physical conditioning required.

Macomb Hospital Center opens Physical Rehab Satellite

Macomb Hospital Center has opened a physical rehabilitation services satellite in Clinton Township to serve area residents' physical therapy, occupational therapy, and speech-language pathology needs.

The Clinton Township facility is staffed by the same therapy team as at Macomb Hospital Center. The half-million dollar, custom-built facility offers state-of-the-art equipment.

These rehabilitative services are offered at the Clinton Township facility:

- Physical and occupational therapy for orthopedic and sports-related injuries; back, neck, and hand problems; neurological disorders such as stroke and closed head injury; arthritis; carpal tunnel syndrome; and chronic pain.
- Physical Therapy Services include muscle re-education and isokinetic testing and training.
- Speech-language pathology evaluation and treatment for both adults and children in the following areas: receptive and expressive speech and language; memory, problem-solving, and reasoning skills; voice disorders; swallowing; articulation; foreign accent reduction; delayed language development; and stuttering.

For more information, call the new facility at (313) 263-5220 or Macomb Hospital Center's Physical Medicine and Rehabilitation Department at (313) 573-5123.

Sinai expands health screening program for Russian immigrants

In order to better serve the many Russian immigrants expected in the Detroit area this year, Sinai Hospital has expanded its health screening program. Its purpose is to detect health problems and to certify the immigrants for employment in the United States.

Russian immigrants are referred to Sinai for medical care through Jewish Family Service. Sinai anticipates screening about 1,000 immigrants from June 1989 to June 1990.

All physicians participating in the program have donated their time to screen the immigrants. In addition, Orthodox Jewish men who were not permitted to have ritual circumcisions in Russia may do so at Sinai. Several anesthesiologists and urologists have also donated their services to perform this procedure. Russian immigrants were previously treated in the primary care center. However, the expected increase warranted a screening program solely to serve them. A new location was chosen in Detroit.

Sinai will continue the screening program as long as a need exists.

Michigan State Medical Society

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PRACTICE MANAGEMENT

IN THE 1990's

Operating an efficient medical practice in the 1990s will require an increasing amount of a physician's time and energy. Expert advice and information on topics such as effective doctor/patient communications, financial management, third party relations, patient flow, scheduling, and strategic planning will be imperative. Because MSMS recognizes this fact, and already is providing expert physician services through its subsidiary — Physician Service Group, Inc. — practice management is the subject of this month's cover story. Included in the next 12 pages is a review of the increasing number of practice management seminars offered by Physician Service Group; expert advice on running an efficient practice in the 1990s; a discussion of on-line versus in-house billing systems; ten tips on how to improve your practice management skills; a discussion of the importance of coding; an examination of the benefits of early retirement planning; and tips on how to care for your car phone.☞

PRACTICE MANAGEMENT SKILLS KEY TO SURVIVAL IN THE 1990s

Physician Service Group Offers the Necessary Training

By Amy C. Fistler

You've hired a new receptionist and she needs to be trained to handle the demands of a busy front office. Your insurance billers need updated information because of the changes occurring with CPT-4, ICD-9-CM, and Medicare. And, you're wondering what is the best financial plan for your practice. These represent just a few of the many questions Physician Service Group, Inc. (PSG), has received since starting its practice management seminars roughly two years ago.

It has become increasingly apparent that physicians must possess strong practice management skills to survive in the highly competitive health care market. PSG, an MSMS subsidiary, recognizes the importance of providing physicians and their staffs with quality programs that will impact the efficiency and effectiveness of their practices. With that focus, PSG offered 12 seminars in 1988. Membership response to the seminars has been overwhelming.

This year PSG is offering 65 seminars on more than 25 topics encompassing all aspects of practice management.

"We are very proud of the seminar program," says PSG President Billy Ben Baumann, MD. "The program has grown rapidly, which indicates to us that we're on the right track in providing our membership with the business management skills they did not receive in medical school."

The seminars have been developed to address the needs of physicians who are just starting a practice as well as those who are looking towards retirement. The needs of physicians and their staffs vary according to what stage the practice is in. PSG considers these factors when developing seminar topics and selecting speakers most appropriate for the audience.

Balance is the key to a successful schedule of programs presented by qualified speakers. PSG prides itself in the selection of individuals who have worked with physicians and possess a high level of expertise in the areas of finance, management and health care management. Speakers are selected on a national and regional basis. For example, PSG contracts with Conomikes Associates, a nationally-known health care consulting firm based in California. George Conomikes and his highly-qualified staff have presented programs on improving third party reimbursement and achieving a more profitable practice. These programs are highly regarded by semina participants.

Other seminars address regional issue on health care within Michigan. "Startin Yourself in Medical Practice" and "Retirement Planning" are two seminars fo which PSG uses a team of Michigan based speakers. These speakers coordinate and blend their information, buildin upon the previous presentation to maintain a well-balanced program. This method of presentation gives physicians information which guides them through th procedures of opening or closing a practice. These seminars offer results-oriente strategies to maximize revenues while improving patient services.

There are many companies and consultants that offer seminars. PSG utilize only those known for their integrity an reputation in their respective fields.

"Because of the nature of my position, have attended many seminars, but th quality of the MSMS-PSG programs is b far superior to all the others I have attended," says Mariana Dennison, RN, busines manager for Eaton Medical Associates PC, all of whose physicians are MSM members. MSMS has a responsibility t its membership to offer high caliber educational opportunities. It is a service tha is provided to the membership, but in th same regard, it is expected by the natur and reputation of the association.

To strengthen the programs, collaborative opportunities have worked extremel

ell. This year, MSMS and the Michigan
ssociation of Osteopathic Physicians and
irgeons, Inc. (MAOP&S), have offered
veral joint programs to both member-
ips. Says MAOP&S President Floyd
eachum, DO: "We are always looking for
ays to enhance our programs and serv-
es for members. Therefore, we were ex-
emely pleased to join in this cooperative
fort with MSMS. PSG has obviously
rked hard to achieve an impressive she-
ile of quality programs. And, having the
pportunity to work with its staff in offer-
g these seminars to the MAOP&S mem-
rship certainly helps to promote our
owth and commitment to excellence."

The seminars are conveniently sched-
ed from mid winter through late fall.
hey are held in the Detroit metropolitan
ea, Grand Rapids, Kalamazoo, Flint,
averse City, Saginaw/Bay City/Midland,
d Marquette. Many of the more timely
d popular topics are repeated several
mes during the year. An annual calendar
sent out to the membership at the be-
nning of each year which briefly de-
ribes each course offered for that year.
x to eight weeks prior to each seminar a
etailed brochure is sent out which thor-
ighly outlines the workshop and con-
ins registration information.

PSG is evaluating the future direction
the seminar program and the expan-
on of its practice management services.
may be feasible, as an example, for phy-
cians to utilize a consultant employed by
SMS to analyze and recommend solu-
ns for their practice management prob-
ms. In this way, PSG may extend the val-
of seminar topics.

PSG is continually looking for ways to
sist practitioners and their staffs. The
minar program provides that assistance
d is designed to reach the widest num-
er of physicians, staff and residents
roughout Michigan. "We are pleased to
e the service that is being offered by
SG's practice management seminars,
ys Robert E. Paxton, MD, MSMS imme-
ate past-president. "The seminars offer
outstanding opportunity for quality ed-
cation regarding the business side of
edicine. It is MSMS' prime purpose to
ach out to physicians in communities
cross Michigan, and the seminar pro-
am is doing just that."

For more information on PSG's prac-
ce managment seminars, call (517) 337-
351. ■

my Fistler is assistant to the general
anager, Physician Service Group Inc.,
d directs the PSG seminar program.

MICHIGAN STATE MEDICAL SOCIETY
in cooperation with its subsidiary
PHYSICIAN SERVICE GROUP, INC.
announces its

1990 SEMINAR SCHEDULE

HEALTH LAW UPDATE (1/2 day)

- October 3 – *Hyatt Regency, Dearborn*

ADVANCED CODING

- October 23 – *Dearborn Inn, Dearborn*
- October 24 – *University Club, East Lansing*
- October 25 – *Bay Valley Inn, Bay City*

MSMS/BCBS MEDICARE (1/2 day)

- October 9 – *Amway Grand, Grand Rapids*
- October 10 – *Bay Valley Inn, Bay City*
- October 11 – *Weber Inn, Ann Arbor*

MARKETING STRATEGIES AMA

- May 9 – *Holiday Inn, Livonia*

DEFENSIVE PLANNING (1/2 day)

- May 10 – *The Townsend Hotel, Birmingham*

EFFECTIVE COMMUNICATIONS

- May 16 – *The Townsend Hotel, Birmingham*

PROTECTING YOUR PRACTICE (1/2 day)

- May 17 – *Amway Grand, Grand Rapids*

TIME MANAGEMENT

- May 17 – *Hyatt Regency, Dearborn*

STARTING YOURSELF IN MEDICAL PRACTICE: SELECTING AN HMO OR PRIVATE PRACTICE

- June 8-9 – *Weber Inn, Ann Arbor*
- September 14-15 – *Hyatt Regency, Dearborn*

CODING FOR SPECIALTIES

- June 11-12 – *Valley Plaza Inn, Midland*
- June 13-14 – *Dearborn Inn, Dearborn*
- June 18-19 – *The Homestead, Glen Arbor*
- June 20-21 – *Amway Grand Plaza, Grand Rapids*

CONOMIKES MEDICAL OFFICE MANAGEMENT INSTITUTE (5 DAY SERIES)

- August 6-10 – *Grand Traverse, Traverse City*

HOW TO RUN A MORE PROFITABLE PRACTICE

- September 13 – *University Club, East Lansing*
- September 14-16 – *Grand Hotel, Mackinac Island*

YOUNG PHYSICIANS

- To be announced

THIRD PARTY REIMBURSEMENT

- October 3 – *Hyatt Regency, Dearborn*
- October 4 – *Amway Grand, Grand Rapids*

RETIREMENT PLANNING

- October 17 – *Hyatt Regency, Dearborn*
- October 18 – *Amway Grand, Grand Rapids*

AMA/MSMS OFFICE STAFF TRAINING

- November 13 – *Hyatt Regency, Dearborn*
- November 14 – *Hyatt Regency, Dearborn*
- November 15 – *Hyatt Regency, Dearborn*
- November 16 – *Hyatt Regency, Dearborn*

Please contact Amy Fistler for information on any of the above seminars, or contact Julie Morse to register for any of the above seminars at 120 W. Saginaw, East Lansing, MI 48826-0950. Telephone (517) 337-1351.

EXPERTS OFFER ADVICE ON PRACTICING IN THE 1990'S

What is the key to running an efficient medical practice in the 1990s? Physician Service Group Inc., an MSMS subsidiary, recently sought an answer to this question from six individuals — all of whom will be actively involved in the development of PSG or who will be in a position to affect physician practices in the 1990s. Their responses follow.

LARRY FITZSIMMONS, MD

Lansing Orthopedic Surgeon

"Success of medical practice in the foreseeable future depends on improving "communication." Enhanced communication and the use of mediated communication can allow a physician to control practice of medicine.

"Our patients use and understand mediated communication-...they are accustomed to a continuous output from varied media sources (e.g. telephone, television, radio, print, video, theater, computer). The choice of a particular medium might be based upon the producers desire to inform, or to educate; to entertain or to create an emotional response (e.g. fear, laughter, or calm); or perhaps to enlist cooperation. The range of information from such media sources is almost infinite.

"In spite of (or perhaps because of) the barrage of information available, the public today are very sophisticated viewers. They like to be entertained and they choose not only to be well-informed, but educated also. They continue to seek out well-produced mediated material whenever and wherever possible.

"Selected use by physicians of mediated communications can help solve many problems, such as declining physician image, liability, third party interference, increased costs, uncooperative patients, and unrealistic expectations. The messages to be conveyed must be carefully chosen and well-constructed. The medium used must be compatible for the physician, the patient, and the message.

"If done properly, the communication production can be incorporated as part of an entire "system of communications" for the physician's office. The communication system will allow the physician to actively position himself/herself, to positively influence the patients, and to positively direct and control the practice."

WILLIAM E. MADIGAN

Executive Director

Michigan State Medical Society

"Streamlined office management and increased productivity will be the keys to running an efficient, successful practice in the 1990s with the anticipated increases in third-party paperwork, preauthorizations and controls on utilization. MSMS staff and Physician Service Group will be invaluable resources for the physician in these critical areas in the 1990s.

"As financial pressures require physicians and their staffs to treat more and more patients each day, the possibility of problems — including litigation — increases. To help avoid conflicts and maintain the strong traditional doctor-patient relationship, MSMS is continuing to offer risk management seminars and is adding a risk management staff position.

"Remaining active in organized medicine at the local, state and national level will be imperative for physicians in the 1990s. Organized medicine is the watchdog for individual physicians and their patients, guarding against misguided initiatives such as socialized medicine. We all know what happens to efficiency when bureaucracy takes over."

JULIUS GIARMARCO

Giarmarco & Bill, P.C.

Troy

"From my perspective — that of a tax attorney — the key to running an efficient medical practice is to make certain that you are personally receiving the maximum benefit possible from your efforts. One way to accomplish this objective is to minimize your overall income taxes. For example, if you have a professional corporation, you are entitled to a full income tax deduction for health, disability and group term life insurance. Moreover, contributions to a pension plan or profit sharing plan are fully deductible regardless if you are incorporated. However, such retirement plans do have minimum participation and non-discrimination rules to which must be strictly adhered.

"Besides cutting taxes, another way to achieve the maximum return from your practice is to make provisions now to sell your practice at fair market value upon your death, disability or retirement. This can be easily accomplished with a properly structured buy-sell agreement between yourself and your partners or associates. Even if you practice without partners or associates, you can still enter into a buy-sell agreement with a 'friendly competitor' who might be interested in purchasing your practice some day. Finally, after you have maximized the benefits from your practice, you should protect your assets from potential malpractice claims by engaging your attorney in what is commonly called "defensive" planning."

ROBERT HECHT

Program Director
Department of Practice Management
American Medical Association

"In the 1990s, government, third-party payers, and peer review organizations will place increasing demands on medical practice resources — more paperwork to do, more regulations to interpret and apply, more changes to keep up with. To cope with these additional demands, medical practices will need to use time, money, and staff resources more efficiently. One step toward increasing office efficiency is putting policies, procedures, and job descriptions in writing in an operations manual. Written guidelines help ensure that everyday tasks like appointment scheduling, insurance processing, and billing are handled consistently and accurately. And this in turn reduces the amount of time and money spent on providing instructions, correcting problems, and training new employees."

GEORGE R. GERBER, MD

Associate Medical Director
Government Programs
Blue Cross Blue Shield of Michigan

"In the coming months physicians will need to be aware of changes taking place in the Medicare system. Physicians must prepare their staffs for submission of all Medicare claims, a requirement beginning in September of this year. They will also need to become even more familiar with the ICD-9-CM diagnostic codes they use. Many procedures are approved only with limited diagnoses. Accuracy will prevent time wasted in resubmitting returned claims. In addition, new procedure coding is introduced each year. Being aware of these changes will prevent delays in claims payments that might occur if deleted codes are used."

CONNIE QUINN, CMA-A

President
Michigan Society of Medical Assistants

"Communication and organization are vital in running a successful office. It is important to keep the lines of communication open with the staff. Each employee should have specific duties (job description) which will assist them in planning each day's tasks. Employees will then know what is expected of them. When an employee is not doing his/her job correctly, or if he/she is having difficulty performing his/her duties, the office manager/supervisor and employee should discuss the problem and work together toward a solution." ■

TEN RESOLUTIONS TO IMPROVE YOUR PRACTICE MANAGEMENT SKILLS

By George Conomikes

Good management is like good medicine. It is paying attention to details. It is also doing the right things at the right times. We find that most practices do some of the steps that follow. However, many do not do all the steps and therefore their results are not as effective. The well-run practice in 1990 is one that achieves results by closely adhering to most of the following steps. We at Conomikes & Associates hope this will help you get off to a good start.

1. Follow-up on insurance claims

Most of the accounts receivable for most practices is tied up in insurance claims outstanding. Many practices do not follow-up on insurance claims as they should. In too many cases practices wait 60 to 90 days, or even longer, before they initiate follow-up with the carriers or the insured patients.

Surveys by the Health Insurance Association of America have indicated that 70-80 percent of private commercial claims (including the Blues) are paid within 30 days. We have heard similar data from companies that are in the medical insurance billing business. Since most insurance carriers pay their claims within 30 days, we want to follow-up with those carriers who have not paid. They obviously have the money — but they just need to be reminded. Accordingly, follow-up on insurance claims should take place 30-45 days from the time the claims are filed.

This follow-up can be done by sending a copy of the insurance claim that was originally filed, with a reminder note to the insurance provider indicating that the account is past due. Subsequent to this follow-up, only allow another 15 days to pass before a second request takes place. The second request should probably be by phone as well as with a harsher follow-up note (again with a copy of the insurance claim).

If the insurance carrier still remains delinquent, it is probably a good idea to get the patient in the act. And if you find that there are certain carriers that are always delinquent, it probably would be worth your while to complain to the insurance commissioner of your state. The insurance commissioner would like to know which insurance carriers are not paying their bills promptly.

2. Collection calling

Recently we were at a surgery practice that had done no collection calling for almost six months. The results were that the accounts receivable had increased significantly. Collection calling would supplement the insurance follow-up activity we covered in point one above with insurance carriers. With regard to collection calling on the other accounts receivable (that are due and payable by patients), it is recommended that this take place in 60-90 days after the service has been rendered.

We must remember that: (1) The patient did not pay us at the office; (2) The patient did not pay us with a take-home statement that was given at the time of service; and (3) We have also billed the patient by mail twice. At this stage the most effective tool is not more mailed statements but direct phone follow-up with the patient. Smart management suggests doing this in an efficient manner.

Calling during working hours (9:00 a.m. - 5:00 p.m.) is not an efficient way to do phone follow-up with delinquent patient accounts. The ideal times to make these calls are 5:30 - 8:30 p.m. on weekdays. Some practices get good results by calling patients on Saturday mornings from 9:00 a.m. to 12:00 noon. There is no substitute for phone follow-up to delinquent accounts. It is the squeaky wheel that gets the oil.

3. Calling all "no shows"

Good management tells us to find out why patients did not make their appointments. First off, a "no show" is lost income. Secondly, it is important to emphasize with "no show" patients that the practice is concerned. The follow-up activity is best done by somebody other than the person that did the appointment scheduling. You may be able to determine that the appointment scheduler was not listening to the patient's request — with regard to time preferences. It is good public relations to call these "no shows." In the long run it will help reduce your "no show" rate. Practices, in these more cost conscious times, must recognize that "no shows" are lost revenues to the practice.

4. Calling all new patients and VIP appointments

At one of our management workshops a manager indicated that the returns on calling patients the day before their appointments — to remind them of their appointments — was one of the best returns on investments that she had undertaken.

If you realize that a "no show" is lost income, then efforts to reduce this lost income should be looked upon from an economic point of view. It is possible to call 25 patients in less than two hours to do reminders. If the cost to us of doing this two hours of work is $20, then simply preventing the lost income of one or two "no shows" is significantly more than made up by the cost of the calling. As a matter of fact, this manager said she is getting a $10 return for every $1 invested on appointment reminder calls. In other words, it may cost her $30 to $40 a day to do this reminder calling and she indicated that the improved "no show" rate brings into the practice $200 to $500 extra per day.

This is what management is all about — not just trying to save money, but sometimes spending money to make more money. If, for whatever reason we cannot call all patients, we should at least make an effort to call all new patients and all longer appointments. New patients are our greatest probability of "no shows" and we really want to pay attention to them. Longer appointments also generate larger fees and we should again put a high priority on reminding them.

5. Leaving work-in slots for new patients

It is naive to think that a new patient calling your practice will be willing to wait more than a few days to see the physician. This only happens if a doctor has the only act in town and the patient has no other alternatives. In these competitive times, patients who want to see a physician can see a physician — at times that are convenient to the patients.

We are not talking here about emergency work-ins. Any practice will always see an emergency, whether that is a new patient or an established patient. What we are suggesting is that new patients generally have made the decision, just prior to making the telephone call, they just want to see a physician. They also want that decision to be fulfilled as soon as possible. The practice that makes the new patient wait more than three days is going to increase the "no show" rate.

So the forward thinking practice leaves work-in slots (both in the afternoons and mornings) for new patients. We must remember that new patients have greater economic advantages to the practice. First, they bring in more revenues with the first visit than established patients do. Secondly, new patients have a higher probability of hospitalization and surgery than established patients do. Therefore, we want to give them high priorities. These high priorities are backed up by an appointment scheduling system that leaves adequate work-in slots.

6. Dealing with patient complaints

There is an old marketing figure that has been tossed around for years regarding people with complaints. There is no source for this data but we keep hearing that for every person that is dissatisfied, nine other people will hear about that dissatisfaction. Any well run business wants to reduce these "dissatisfactions" so that it does not develop a reputation for inefficiency, incompetence and bad service.

All practices need to emphasize, with all employees, that patient complaints really should be attended to and solved by the best possible means. If the line employee is unable to deal with the patient satisfactorily, then the complaint should be turned over to a higher authority — the office manager and/or a physician. Follow-up by the manager or physician will really let the complaining patient know that the practice does care. This is the critical point — a caring attitude. Again, there is no such thing as an "idle" complaint. All complaints are fuses that are attached to bombs with different damage capabilities. Snuff out the fuse.

7. Monitor your accounts receivable

Accounts receivable are an index of the economic health of the practice. They are probably a more accurate measurement tool than your collection percentages. If your accounts receivable increase by more than 10 percent in any given 30-day period, this should be a cause for immediate concern.

What should your accounts receivable be? For most practices, the accounts receivable should represent approximately 60 to 90 days of billable activity. In other words, if you have been billing at the rate of $35,000 a month, your accounts receivable should be no more than $105,000 and preferably somewhere between $70,000 to $105,000.

Again, an increase in the accounts receivable of over 10 percent should be quickly examined. The major reasons for increases in the accounts receivable are: a) insurance work is not getting out on a timely basis; b) follow-up with insurance claims and individual patient accounts is not being done on a timely basis; or c) collections at the front desk are falling behind. It could be any of these three or combination of any of the items. And the should be immediately investigated when the accounts receivable figure climbs.

8. Performance reviews with employees

Now more than ever, practices need to shift into a status of continued improved performance. In the '70s and early '80 the solution to most practice problems was to add staff. The solution to today's decreasing bottom-line results is to extract more from each employee.

The single greatest vehicle for doing this is annual performance reviews with each employee. These are indepth analyses. The goal is to get extra mileage from each employee. We no longer can sit back and assume the status quo can be continued. Reviews with an employee who is consistently marginal should, probably lead to termination. Marginal employees should be replaced with productive employees.

9. Dealing with Medicare turndowns

Most practices are finding that Medicare is now reviewing claims more thoroughly and the result is a greater rate of rejections. The problem is that many medical office employees, involved in the billing process, assume that a Medicare rejection should be accepted at face value. Not so. If you feel that the claim is a valid claim and has been unjustly rejected by your Medicare organization, you should take action.

The first level of action is to undertake an "appeal." The appeal process is usually successful in over 60 percent of the cases that come to the attention of Medicare carriers. If the appeal process does not work, the next level for attempting to get a reversal is a "hearing." The only qualification is that the hearing must involve claims of over $100. (Note: You can "bundle" more than one claim to total over $100.) Your batting average on the hearing will not be as good as it is on the appeals but we recommend hearings, especially on large ticket items.

Medicare carriers are not insensitive organizations. They have their own personnel who have a certain error rate. The major point to stress, whether you go into an appeal or into a hearing is not to deal with invective but to deal with the facts themselves. If both the appeals process or hearing process do not work for you, and

e dollar amount as well as the precedent
important to you, you could then ask to
) in front of the administrative law judge.
nis process must involve a claim that is
the amount of over $500. Again, in
ost attempts to deal with Medicare — ei-
er by appeal, hearing, or administrative
w judge — you are dealing with people
no are willing to listen.

0. The “on time” doctor

A new phenomenon is sweeping across
e nation. It is the “On Time Physician.”
'e are discovering an increasing number
physicians who have found that being
n time is one of the greatest patient
easers designed for medical practice.
r years we have known that doctors that
e on time tend to have not only a lower
vel of complaints from patients, but also
ave happier employees. Doctors that are
ways late not only have unhappy patients
ut they also put a lot of stress on staff and
reate a higher ratio of unhappy
nployees.

Patients who are willing to wait a long
me for physicians are patients who may
e warm and friendly, and may make the
octor feel good because they were willing
) wait so long. How about the patients
nat are not willing to wait? Maybe they
epresent a higher ratio of grade “A” pa-
ents — ones that bring increased reve-
ues to the practice; that represent a good
eferral network; that have good insur-
nce coverage; that are very good candi-
ates for elective procedures; that are
nore amenable to the doctor providing a
ide range of services; and, that are will-
ng to come back and also willing to refer
ther people to your practice. Finally, the
n time physicians we deal with seem to
nake better bottom line incomes than the
nes that are always running late. The
ear of the patient who is willing to wait
as just passed.

onclusion

Following these 10 guidelines are guar-
nteed to bring your practice better
esults. They represent the warp and woof
f the well run practice. ■

eorge Conomikes is considered a lead-
ng authority on practice management.
Ie is editor and publisher of Conomikes
Reports, and the author of a book entitled
Practice Management Techniques.

THE IMPORTANCE OF CODING

By Jan Woerth

COVER STORY

Medicare is very serious about claims being correctly coded. For those physicians participating with Medicare, claims will be denied if the ICD-9-CM code is not submitted with all the necessary digits. For those physicians who are non-participating physicians with Medicare, they will first be notified if ICD-9-CM codes are not coded to the greatest level of specificity. After notification, if codes still lack the required digits for specificity, the physician can be fined up to $2,000 per incorrect code.

Medicare has become more sophisticated in its processing of claims forms, thus enabling the carrier more discretion in its reimbursement. This has been initiated by Congress for one reason: to prevent the bankruptcy of Medicare. Consequently, Congress has legislated, via required ICD-9 and CPT/HCPCS coding, that medical offices be more specific in identifying a patient's illness and in reporting the procedures performed to treat the patient's illness. If the procedures performed are not considered medically necessary for the patient's specified illness, the claim will be denied.

How does Medicare determine what is medically necessary? It is based on medical statistics. Medicare has established for each specific diagnosis the procedure or procedures that are necessary for treatment. When a physician's procedures for a diagnosis are not within the parameters of what Medicare considers medically necessary, the claim is denied or the payment is reduced to cover only those procedures rendered that are within the parameters of medically necessary for the diagnosis.

What does all this have to do with coding? If the patient's diagnosis code is too general, procedures may be denied as medically unnecessary. For example, using the diagnosis of fracture, the insurance company has no idea what type of fracture the patient has. Thus, its response to this non-specific diagnosis is to pay for treatment of the simplest of all fractures. Even if the procedure on the claim indicates where the fracture was, because the diagnosis does not support the procedure, the procedure is down-coded to the lowest payment for an unspecified fracture. The physician can easily lose several thousand dollars in reimbursement when this happens.

What's the solution? Use the most specific ICD-9 code that describes the patient's fracture. If the patient fractured his femur, the ICD-9 code must indicate the exact location (neck or shaft) and whether the fracture is open or closed. This is coding to the greatest level of specificity as required by law for Medicare claims.

In the ICD-9-CM coding books are 100 codes that have only three digits, for example code 460 for acute nasopharyngitis (common cold). There are, however, hundreds of codes that have either four or five digits. The code for coronary atherosclerosis, frequently referred to as ASHD, is 414.0. It is a four-digit code. Diabetes mellitus is a code that requires five digits. The fourth digit of the diabetes code indicates the patient's diabetic complication(s) and the fifth digit indicates whether the patient is insulin dependent or not.

In order for a code to be considered by Medicare for reimbursement, it needs to be coded to the greatest level of specificity. This means that if there are only three digits, only three digits are to be used. If the code has four digits, all four digits must be used on the claim and a five-digit code requires the use of all five digits for reimbursement.

Medicare is very serious about claims being correctly coded. For those physicians participating with Medicare, claims will be denied if the ICD-9-CM code is not submitted with all the necessary digits. For those physicians who are non-participating physicians with Medicare, they will first be notified if ICD-9-CM codes are not coded to the greatest level of specificity. After notification, if codes still lack the required digits for specificity, the physician can be fined up to $2,000 per incorrect code.

Coding to the greatest level of specificity is not the only hurdle facing those that code. There are many unique rules to ICD-9-CM coding. These are referred to as "conventions" in ICD-9-CM and are found in the introduction section of Volume 1. For instance, codes that are in italicized typeface cannot be used as the principle diagnosis (the first diagnosis listed on the claim form). Italicized codes must be coded secondarily to the patient's underlying disease. It is these conventions that are frequently unknown by those who code and, as a result, many coding errors are made.

The ICD-9-CM books were never designed to be self-instructional. Thus, in order to insure that your staff knows how to properly code, they should attend basic coding courses. I recommend to all my clients that their coding staff attend two-to-three basic coding courses over a period of two years. There is a great deal to be learned about coding and it takes several sessions for it all to be comprehended and properly applied.

I have primarily addressed ICD-9-CM coding in this article because it is only in the last year that ICD-9-CM coding has been required on Medicare claims. It should be noted that CPT/HCPCS coding is also required on Medicare claims. CPT/HCPCS coding has it's own conventions (known as guidelines) for coding. As with ICD-9-CM coding, it is best if those staff members responsible for procedural coding attend CPS/HCPCS coding courses to insure that they are coding as required by Medicare laws. ■

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ON-LINE VS. IN-HOUSE

Which Billing System is Right for Your Practice?

By Charlotte M. Ball

COVER STORY

With medical billing becoming more difficult and confusing, you may decide that automated billing and collecting is just the answer you have been looking for to help take the mystery out of receivables. Currently, there are a myriad of in-house systems available to the physician while only a limited number of on-line systems exist. Which computer system is right for your practice? To answer this question, you will need to answer a series of other questions first. To help define your business problem, you must fully understand your practice. The following questions will allow you to analyze your office:

Understanding your practice

1. Office Personnel
   - Is the staff computer literate?
   - Are they willing to be trained?
   - Is the staff familiar with the current receivables system?

   Computer literacy can be learned, if your staff is willing to be trained and is enthusiastic about the change. The very best computer system is only as good as the attitude of the person using it. Your staff must also understand the current manual system before a computer can be introduced. This understanding will b the cornerstone of the training needed to run a computer as all system are a combination of automation an manual knowledge.
2. Patient Flow
   - How many patients are seen daily Weekly? Monthly?
   - How many locations does this practice have?
   - Is the appointment schedulin handled quickly and effectively?
   - Are patients waiting in line t check out after the doctor sees them
   - Does your patient flow warrant th cost of a computer system?

   If you do not have a method o tracking patient visits by volume, diagnosis, or procedure, you may b missing the opportunity to serve you patients better. With a list of patient having similar diagnoses, you can mail patient education materials t them on a regular basis. Patients enjoy knowing that their doctor is concerned about them.
3. Financial Position and Practices i the Office
   - How much are your average gross monthly receivables?
   - How much are your total gross outstanding receivables?
   - How is the receivables information currently being captured?
   - Are there double-checks for cash balancing?

- Are all charges being recorded or are some being missed from time to time? Is there a way to tell?
- Are statements currently being sent to patients?
- Are your receivables aged?
- Are rejected or no response claims being followed up?
- What is the billing process? Are insurance claims being billed manually or electronically?
- What is the reimbursement turnaround time?

If your total gross outstanding receivables is greater than twice your average gross monthly receivables, your billing and follow-up process may need to be reviewed. If there is not a means to recognize uncharged services, your practice is in need of a tracking system to catch all of your charges. If you cannot tell what charges are owed by whom and how they are aged, your receivables may be seriously delinquent.

Comparing systems

Now that you have defined your business problem and fully understand your practice, ask again, "Which computer system is right for your practice, in-house or on-line?"

An in-house system is one that makes use of equipment (or hardware) to be housed on-site. All data is stored at the office. The equipment, software and data are owned or licensed by the practice. An on-line system also places hardware at the physician's office. However, the data is processed and stored off-site on the vendor's premises.

Each has its own characteristics and should neither be confused nor compared with one another. When comparing like systems, the following questions should be considered:

1. What is the reliability of the vendor?
   - Is it endorsed by any particular groups or associations?
   - Request and review the Dunn & Bradstreet survey.
   - Obtain user references.
2. What financing mechanisms are available?
3. What direct and indirect costs are involved in each system considered?
   - Be aware of hidden costs.
   - What is the purchase price?
   - What maintenance costs are involved?
   - Is a maintenance agreement available for hardware and software?
   - Are software updates available? Are there additional costs associated with the updates? How often is software updated?
   - What safeguards are in place in case of fire or other natural disaster?
   - What if the practice grows 10, 20, 30 or 50 percent? Can the system be easily upgraded and what added costs will be associated with upgrading?
   - What will be the costs for computer supplies?
     Paper and Claim Forms
     Diskettes
     Tapes (for backups)
     Printer Ribbons
4. Additional costs.
   - How much is the monthly phone bill?
   - What is the premium for hazard insurance for receivables?
   - What costs are associated with the system in terms of heat, light, power, and air conditioning?
   - How much is paid in sales tax monthly? Interest?
   - What costs are associated with space needed to house the equipment? Terminals? CPU? Printers? Etc.?
5. What labor costs are associated with each system?
   - System-related activities
   - How long does it take to bring the system up in the morning?
   - How long does it take to backup and shut down the system at the end of the day?
   - Are claim forms printed in the office? How many hours per week are spent printing them?
   - How many hours are spent monthly performing month-end processing routines, printing reports, and patient statements?
6. Other handling issues
   - Folding of statements
   - Stuffing envelopes
   - Affixing postage
7. Are claims sent hard copy or electronically?
8. Are payments posted manually or electronically?
9. How many hours are spent performing tasks related to these claims?
10. Define all costs back to the cost per claim.
11. Does the system provide these typical functional reports and features?
    - Patient tracking system
    - Daily activity log or journal
    - Claim forms for insurance claims
    - Electronic billing of Blue Shield, Medicare, and Medicaid
    - Patient statements
    - Monthly activity log or journal
    - Management accounts receivable reports
    - Payment reports
    - Aged accounts report
    - Physician production reports
    - Delinquency report
    - Outstanding insurance claims report
    - Recall report
    - Physician demographics
    - Patient demographics
    - Patient mailing labels
    - Aging/dunning messages
    - Insurance company master list
    - Medical procedure list
    - Diagnosis list

The "personal" side of personal computers

Now that you have decided to computerize and have chosen the system that is right for you, your concerns will turn to the implementation process. You will find one subject to be of considerable importance — people.

When discussing the "people" aspect of office automation, the importance of a supportive atmosphere should not be overlooked. There will be an unusually high stress level present in your office. This is not uncommon.

Employees may utter, "Why should I learn how to use a computer? I have been without one for this long!" Your staff may be feeling insecure. Productivity can be achieved when your people are treated as the practice's most important asset. Each employee will have his/her own views, ideas, and understandings of the automation project. Learning will take time and an effective training program is the cornerstone of new office automation. Your computer vendor should be willing to provide the support needed to make the transition as smooth as possible.

Here's a checklist of considerations:

- Understand your practice.
- Define your business problem.
- Compare like computer systems.
- Look for hidden costs and define all costs back to the cost per claim.
- Watch for resistance to change.
- Provide a supportive atmosphere. ■

Charlotte Ball is a physician's practice management consultant.

GOOD CAR PHONE HEALTH DEPENDS ON PREVENTIVE MEDICINE

If you have a car phone, you've probably grown to appreciate its value — the instant availability of help via a toll-free 911 hotline to local authorities, the ability to call the office or hospital to check on patients from virtually any location, and the opportunity to let folks at home know you'll be late when an emergency demands your presence. But all the convenience you've come to expect from this brave, new cellular world can be jeopardized if your cellular phone becomes inoperable due to improper maintenance.

According to Cellular One, the Michigan State Medical Society's preferred cellular telephone service provider, the best way to ensure a long, healthy life for your car phone is to treat it like one of your patients. Because, while most car phones tend toward good health — they're durable and made to withstand life in the fast lane — it pays to give them regular checkups and related care.

Car phone maintenance is especially important now that winter is over. After three months of snow and ice, your phone has had to contend with infamous Michigan potholes, incessant road vibration, dramatic temperature variations, dust and road salt, even antenna-snapping car washes, all of which take their toll. And while cellular phones were designed for life on the road, even the finest equipment can sometimes hit one bump too many.

At this time of year, Cellular One recommends you take the following steps to ensure continued optimum performance from your mobile phone.

First and foremost, protect your phone from dampness. Moisture is far and away the leading cause of damage to cellular telephones. Try to avoid coffee spills or other exposure to liquids. Keep a towel handy and dry your phone if it becomes damp in your car. And when cleaning your vehicle, wipe only with a damp-dry cloth.

Second, Cellular One subscribers can bring their phones to their authorized Cellular One Service Center for an annual check-up. This detailed examination includes a 10-point inspection performed by certified cellular technicians. Among items on the checklist are a broadcast power test that ensures your phone is sending a clear signal at full power; an antenna inspection that checks for damage, wear or improper installation; and comprehensive performance testing to verify that your phone can receive and initiate calls within Cellular One's strict quality standards. All that might sound like a lot, but according to Cellular One, the checkup can usually be completed very quickly. Cellular One Service Centers are located in metro Detroit, Lansing and Grand Rapids. For the location nearest you, call Cellular One Customer Care toll-free at *611 from your mobile phone.

A final piece of advice from Cellular One relates to the single item most likely to cause car phone reception problems — the antenna. Cellular phone users frequently blame static or dropped calls on their car phone or even their service provider, when in fact the problem can frequently be traced to an antenna or antenna cable that has become weatherbeaten or corroded by road salt. Because it's constantly exposed to the elements, your car phone antenna has a life. Before undertaking any costly repairs to your car phone, be sure to have the antenna inspected.

Cellular One offers the largest continuous coverage area in the Midwest. For details on Cellular One service, exclusive equipment discounts for MSMS members or other information, contact Julie Morse at (517) 337-1351. ■

PLAN NOW FOR YOUR RETIREMENT

By Alfred J. Miranda

"Changing demographics."
"The graying of America."

What do these terms mean? Ar they just catchwords you hea and read over and over agai from spokespersons or politicians trying to get you to buy or believe something?

Perhaps — perhaps not.

The changing composition of the American population and workforce — especially in terms of age — is a topic which you should personally be concerned about — most importantly if, like most of us, you're planning to retire sometime within the next 30 years. "Changing demographics" and the "Graying of America" won't be just buzzwords then. Among others, these factors will affect how long you're going to have to work before you can retire, how much (or how little!) you can expect from Social Security, and how much you'll have to save to enjoy a comfortable lifestyle in retirement.

Here's why:

In 1987, 12.2 percent of this country's population was over 65 years old. By the year 2000, 13 percent of the population will be older than 65, and by 2020, nearly 20 percent will be in that age group. By 2030, it's estimated that almost one-quarter of this country's people will be 65 or older — a good portion of whom will be in the 85+ age group.

At the same time as the country's oldest group of citizens swells, the USA's younger age groups will shrink. There will be more people to support and fewer younger people to support them. This is going to strain Social Security. Why? Because fewer workers will be paying Social Security taxes while more retired people will be drawing benefits. Undoubtedly, Social Security will play a role in your retirement. But the more years away from retirement you are now, the smaller that role is likely to be, if current trends continue.

The bottom line

The bottom line, in part, is that because of the "changing demographics" and "graying of America," you're going to have to build up substantial personal savings to be able to support yourself in the years after you stop working. The earlier you tart, the easier it will be. Even small mounts add up! For example, if you saved r invested just $250 at the beginning of ach year, and it grew at eight percent inerest, compounded annually, after 30 ears you'd have about $30,000 — not ad, considering you'd really have only ut away $7,500 (30 deposits of $250 ach).

For self-employed professionals, it's ard to establish a regimen of saving for etirement — whether it involves large or mall amounts. After all, unlike employees f large corporations who have all the paerwork done for them, and who can take dvantage of regular payroll deductions nd 401 (k) or other plans, self-employed eople must take care of these things hemselves.

MSMS program available

But the Michigan State Medical Society as a program available which can help ou save to meet your retirement goals. MSMS has arranged for the Equitable Life Assurance Society of the United States, a leader in the field of association etirement programs, to work with you to provide a quality, low-cost program for ou and your employees. The program enables its participants to take advantage of ax savings and build for the future.

The MSMS Association Members Retirement Program is one of the most attractive, tax-qualified programs available to you as a professional. Through the program, pension experts are available to assist you and answer the questions you, your lawyer or financial advisor may have. The program's low fees include: helping you set up and maintain your retirement plan, complying with IRS requirements, keeping detailed records, and making sure your plan is current with the most recent tax laws. The program also has seven nvestment options from which you may choose, offering you a wide spectrum of risk/return choices, ranging from conservative to aggressive.

Whatever your retirement goals, and wherever you are in your career, the program can work for you. To be sure that this retirement plan can accommodate your needs, as well as those of your employees, the program includes Keogh, Pension, Profit-Sharing and 401 (k) plans, or a full-service defined benefit plan. ■

Alfred J. Miranda is retirement program specialist for The Equitable.

PSG ENDORSED SERVICES AT A GLANCE

Bell Atlantic-TriCon – medical equipment leasing program.

Cellular One – mobile telephone equipment and service.

IC System, Inc. – billing collection; Medicollect – an on-line collection service.

Medical Billing Service, Inc. – complete on-line computerization billing program.

Comerica Bank Merchant Credit Card – enables patients to pay at time of service with either MasterCard or Visa.

MSMS Personal Gold Card – offers larger credit lines, up to $15,000 and lower interest rates on unpaid balances.

The Equitable Pension Plan – retirement plan for MSMS members.

Randolph Medical Group Purchasing Program – discounted rates on medical and office supplies.

Allied Office Interiors – office interior design services.

Discount Magazine Subscription Service

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Education Seminars for MSMS members and their staff – approximately 40 programs offered annually on a full range of topics pertaining to running a medical practice and timely issues effecting the practice of medicine.

PSG administers and markets the MSMS group health insurance benefit program offering:

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>
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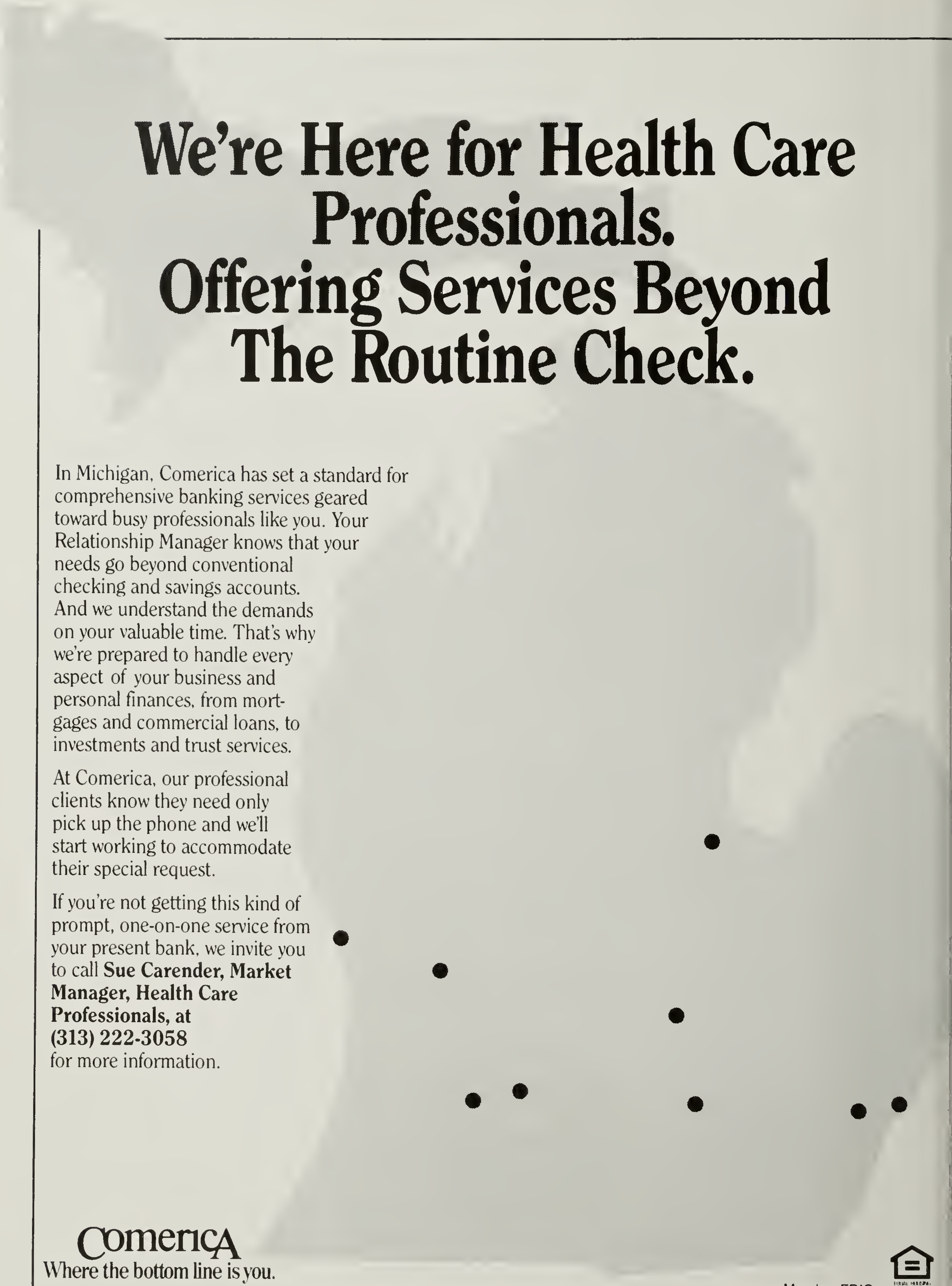

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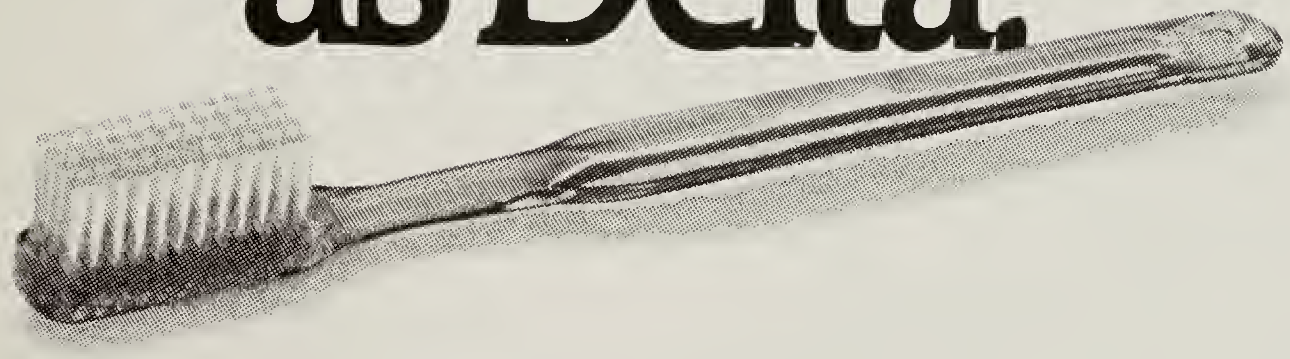

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Michigan Conference on Maternal & Perinatal Health

HIGHLIGHTS

The 29th Annual Michigan Conference on Maternal and Perinatal Health, held March 21-22 at the Dearborn Hyatt, drew approximately 600 physicians, nurses and other health care professionals. The theme of the conference, which featured scientific courses and exhibits, was "Perinatal Care: Access, Answers, Accountability."

Photos by Pattrick Yockey

Approximately 29 organizations exhibited at the conference. Representatives of the exhibiting firms were on hand throughout the two-day event to offer samples of their products, informational brochures and to answer questions.

Members of the Planning Committee for the Michigan Conference on Maternal and Perinatal Health were responsible for judging poster presentations at the conference. Shown above (l to r) are: Daniel J. Wilhelm, MD, Port Huron; John R. Addy, MD, Lansing, co-chairman; Kate Larkin, RN, Troy; and Steven M. Donn, MD, Ann Arbor, co-chairman. Of the 17 posters presented at the conference, three earned awards. Cash prizes were given to one author in each category of nursing, obstetrics, and pediatrics.

MICHIGAN
CONFERENCE
ON
MATERNAL AND

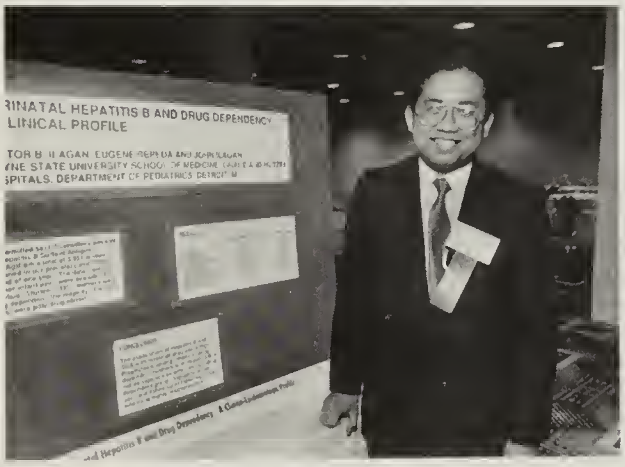
Robert P. Lorenz, MD, director, Division of Maternal and Fetal Medicine, and chief, Department of Obstetrics, William Beaumont Hospital, Royal Oak, moderated the opening general session on Wednesday morning. The topic of the general session was "Reproductive Literacy: Can It Be Achieved?"

Richard E. Smith, MD, adolescent and pediatric gynecology, Henry Ford Hospital, was among the speakers featured during the general session Thursday afternoon. The topic of his address was, "The Impact of Comprehensive Prenatal Care with Pregnant Adolescents."

There are many barriers to prenatal care, Robert L. Gatson, MD, told attendess at the 29th Annual Conference on Maternal and Perinatal Health. "A major barrier for people in poverty areas is (the fear) that the physicians available to them are not qualified to treat them," he said. "It is irrational." Doctor Gatson is acting director, Section of General Pediatrics; director, Undergraduate Medical Education, Department of Pediatrics, Loyola University Stritch School of Medicine, Maywood, Illinois.

"The lives of our children should be our first call," Sister Jean Meurer, CNM, MS, told physicians, nurses and other health care professionals at the opening general session Wednesday morning. "Women and children need more than just good medical care," she continued. "We do not have a superior comprehensive health care program for women. All health care professionals must work together." Sister Meurer is an assistant professor at the College of Public Health, University of South Florida, Tampa.

Nestor B. Ilagan, MD, Wayne State University School of Medicine, Grace and Hutzel Hospitals, Department of Pediatrics, Detroit, received the pediatrics poster award for his poster, "Perinatal Hepatitis B and Drug Dependency: Clinico-Epidemiologic Profile."


RINATAL HEPATITIS B AND DRUG DEPENDENCY
LINICAL PROFILE

Perceptions of Post-Cesarean

Anne Marie L. Piehl, MSN, RN, University of Michigan, received the nursing poster award for her poster, "Perceptions of Post-Cesarean Learning Priorities."

R.A. Welch, MD, Department of Obstetrics/Gynecology, Wayne State University/Hutzel Hospital, Detroit, received the obstetrics poster award for his poster, "Radioimmunoassay of Hair as a Valid Technique for Determining Maternal Cocaine."

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MSMS YOUNG PHYSICIANS SECTION

MEETING HIGHLIGHTS

Top right: Richard A. Stone, MD, delegate for Macomb County, completed his term as the first chairman of the MSMS-YPS Section.

Right: In addition to debating 19 resolutions, MSMS/YPS delegates and alternate delegates had the opportunity to hear a variety of speakers during the day-long meeting.

Lower right: Senator William A. Sederburg, chairman of the Senate Health Policy Committee, spoke to YPS delegates and alternates about the differences between legislators and physicians. "Our models of decision-making are different," Sederburg said. "As representatives of the public, legislators must often make compromises... Physicians may make individual decisions, legislators must make group decisions."

Bottom left: Tim Skubick, senior capitol correspondent, was the featured luncheon speaker. Offering several predictions regarding the political scene in Michigan, Skubick said that although AIDS is a "sleeper issue" now, "it is going to get worse as we move into the 1990s. Everyone wants to solve the problem, but no one wants to pay for it."

Bottom right: Two reference committees were responsible for reviewing resolutions, hearing testimony and making recommendations on resolutions at the MSMS-YPS meeting. Pictured below are members of Reference Committee A. They are: (l to r): Thomas J. Archambeau, MD, Governing Council advisor; Gary G. Doss, DO, committee chairman; Patricia S. Melzer, MD, delegate, Alpena County; Kevin M. O'Brien, MD, delegate, Wayne County; James E. O'Dorisio, MD, delegate, Berrien County; and Deborah Zannoth, MSMS staff.

Approximately 37 delegates attended the second meeting of the MSMS Young Physicians Section March 15 in East Lansing. Delegates discussed 19 resolutions which resulted in 12 resolutions to be brought to the MSMS House. Some of the issues discussed were: liability insurance premium renewal notices, fee schedule for auto insurance health benefits, family planning as a basic health service, and physician recruitment in Michigan. Also during the meeting, new officers were elected to serve on the Section's Governing Council. The new officers are: Thomas J. Archambeau, MD, chairman; Tama D. Abel, MD, vice chairman; Mark D. Kolins, MD, secretary; Kevin M. O'Brien, MD, and Douglas L. Colbert, MD, at-large members. Re-elected are Dean G. Sienko, MD, delegate, and Thomas M. George, alternate delegate.

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Young Physicians Section
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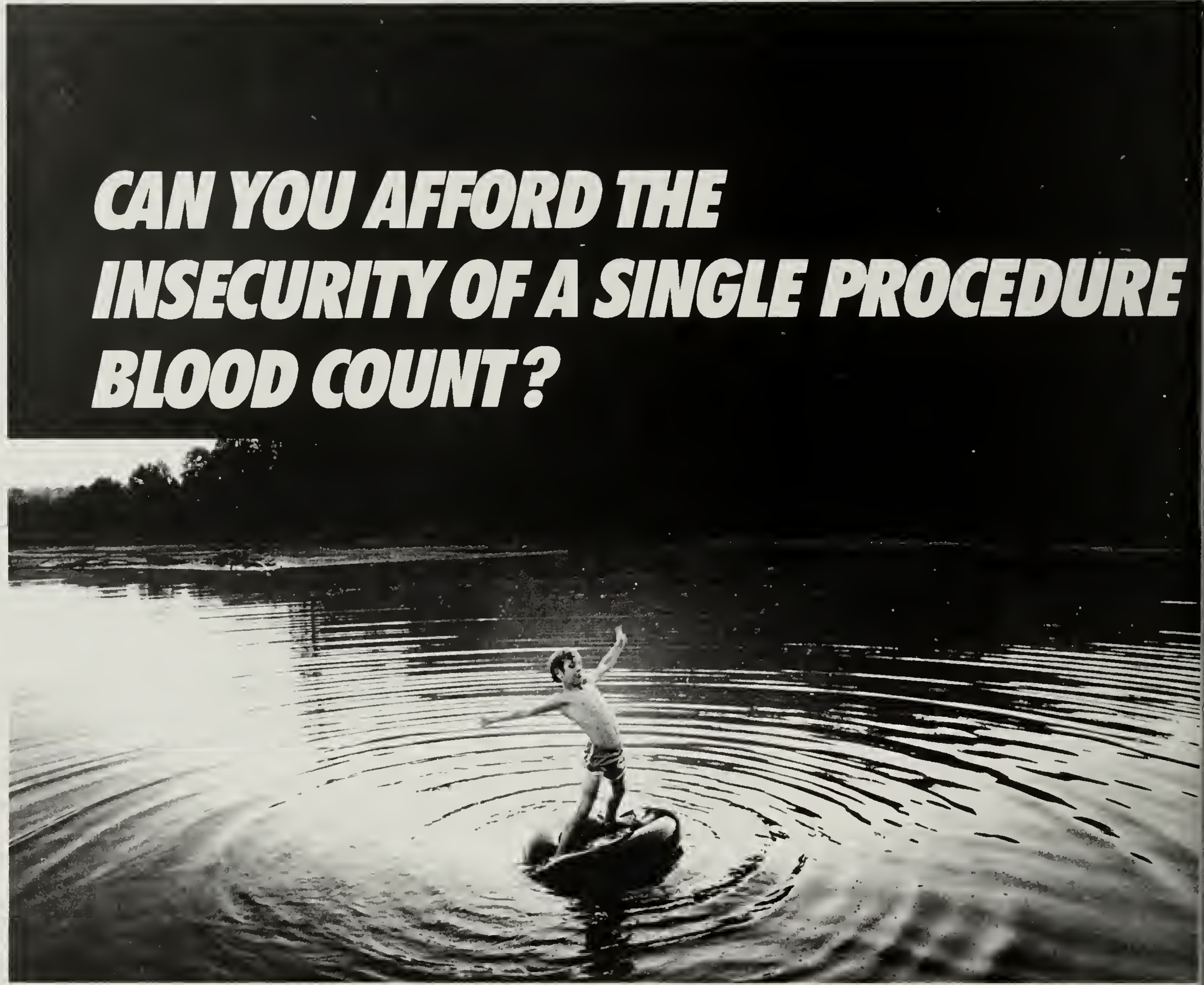
MEDICAL SOCIETY

Photos by Pattrick Yockey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MSMS HOSPITAL MEDICAL STAFF SECTION

MEETING HIGHLIGHTS

Robert E. Paxton, MD, MSMS president (second from left), and Gary D. Maynard, MD, MSMS-HMSS chairman (second from right), took a moment to pose with two guests of the conference. Thomas R. Reardon, MD, (left), an AMA-HMSS delegate, was the featured luncheon speaker. Doctor Reardon spoke on "The Activities of the Congressional Physician Payment Review Commission." Ted Jones, MD, (right), chairman of the Ohio Hospital Medical Staff Section, travelled to Michigan to observe the meeting.

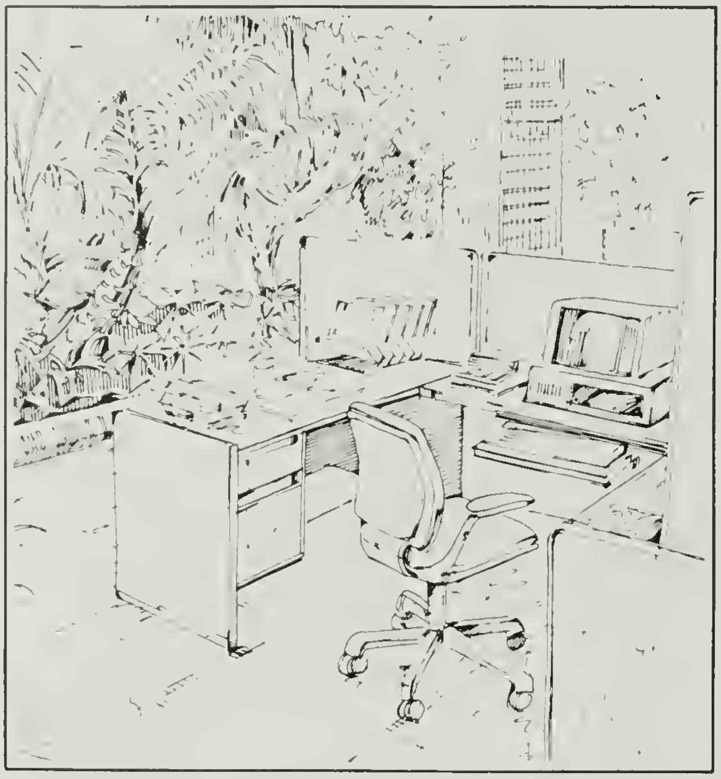
Spencer C. Johnson, president of the Michigan Hospital Association, was a featured speaker at the Sixth Assembly Meeting of the MSMS Hospital Medical Staff Section March 24 in Dearborn. Doctor Johnson spoke on "Health Care 2000: The Outlook for the Hospital-Physician Relationship."

Two reference committees were responsible for reviewing resolutions, hearing testimony and making recommendations on resolutions at the MSMS-HMSS meeting. Pictured above are members of Reference Committee A. They are (l to r): John H. McLaughlin, MD, committee chairman; Ralph A. Cram, MD, delegate, Calhoun County; Michael J. Peikert, MD, delegate, Kalamazoo County: B. L. Pederson, MD, delegate, Bay County; John A. Rupke, MD, Governing Council advisor; William E. Madigan, MSMS executive director; and Katie Brewbaker, MSMS staff.

Gary D. Maynard, MD, MSMS-HMSS chairman, called the Sixth Assembly Meeting of the MSMS Hospital Medical Staff Section to order March 24 at the Ritz Carlton Hotel, Dearborn.

The Sixth Assembly received and deliberated on 17 resolutions and elected new officers. They are: Gary D. Maynard, MD, chairman; Devendra Sharma, MD, vice chairman; Gerhard C. Endler, MD, secretary; Krishna K. Sawhney, MD, delegate; Harry L. Doerr, MD, alternate delegate; and John A. Rupke, MD, and Peter A. Duhamel, MD, members-at-large.

Photos by Pattrick Yockey



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MSMS Section for Graduates of Foreign Medical Schools

SECOND ANNUAL MEETING HIGHLIGHTS

Seventy-five people — 55 of them elected delegates from Michigan hospitals — attended the second annual meeting of the MSMS Section for Graduates of Foreign Medical Schools March 31 in Southfield. AMA President-elect C. John Tupper, MD, California, was keynote speaker.

"We have a long way to go to achieve parity and to eradicate discrimination," said Section Chairman Busharat Ahmad, MD, in his report. "But we have made some definite advances toward our goal. MSMS has shown leadership in this fight."

Section Vice Chairman Krishna K. Sawhney, MD, emphasized the importance of participation within the system of organized medicine. Doctor Sawhney will be installed in June as president of the Wayne County Medical Society.

MUKKAMALA
VASQUEZ

Two reference committees heard testimony on the resolutions, including Committee A, staffed by, from left, Yvan Silva, MD, chairman; Ved V. Gossain, MD; David M. Jaimovich, MD; Appa Rao Mukkamala, MD, and Virgilio V. Vasquez, MD. Committee B was chaired by Ada Van Vloten, MD, and included Shamshad Anwar, MD; Bernardo Danan, MD; Filiberto Cavazos, MD, and Jayant Shah, MD.

Delegates took action on 25 resolutions regarding MSMS policy. Key issues were fair treatment of foreign-trained physicians in the US, as well as mainstreaming into US programs. Above, one delegate expresses a view as another considers his contentions.

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MSMS LAUNCHES MEDIA TRAINING WORKSHOPS

MSMS kicked off a series of Media Training Workshops March 28 at MSMS headquarters. The goal of the workshops is to create a Physician's Communication Network — a cadre of doctors from across the state who will serve as "Voices for Medicine." Once trained, members of the network will stand ready to respond to inaccurate reports made by the media on issues of vital concern to the medical profession.

Through the workshops, MSMS will teach physicians the skills they need to effectively deal with the media. The first workshop was held for members of the Ingham County Medical Society. So far, two other workshops have been held: one in Flint for members of the Genesse County Medical Society, and one in Grand Rapids for members of the Kent County Medical Society. A workshop will be held in Detroit for members of the Wayne County Medical Society May 30. For details, contact the Wayne County Medical Society or Katie Brewbaker at MSMS.

Additional county medical society and regional training sessions will be scheduled throughout the year.

Two media experts have been lined up for the Media Training Workshops. Tim Skubick, dean of the Capitol Press Corps and host/producer of public television's long-running news program "Off the Record," will cover the electronic media and public speaking skills. Dave Fox, chief of Media Relations for MSMS, will conduct the print media segment.

Those interested in attending the workshop and joining the Physician's Communication Network are encouraged to contact their county medical society or Katie Brewbaker at MSMS as soon as possible.

Tim Skubick, "dean" of the Capitol Press Corps, explains how to become an effective communicator at the Media Training Workshop held March 28 for members of the Ingham County Medical Society. Don G. Davis, MD, (left), an East Lansing plastic surgeon, is an attentive listener.

John R. Addy, MD, (right), a Lansing obstetrician/gynecologist, submits to a live, televised mock interview by Tim Skubick, to test his skills under fire.

Doctor Addy (foreground) and his colleagues watch an immediate playback of his televised interview as Tim Skubick critiques his performance.

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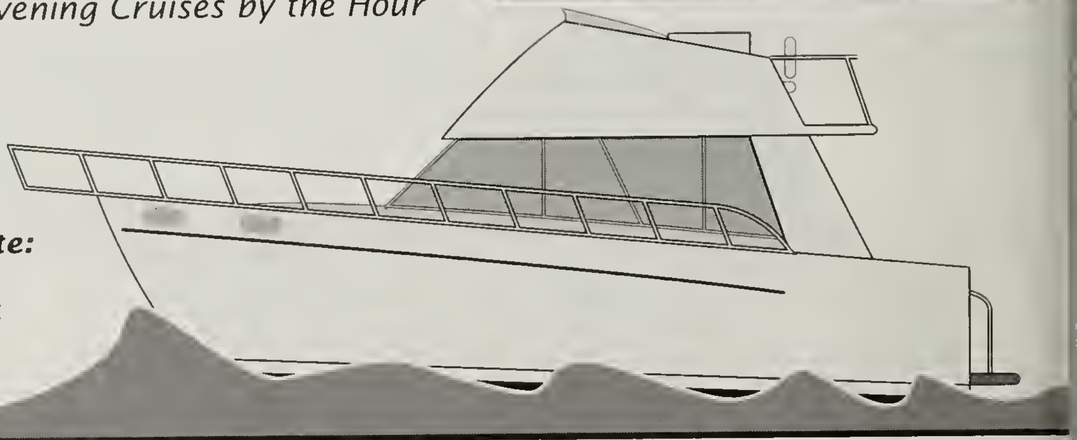

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- presentation by the AMA-HMSS Governing Council of reports on medical staff issues including the Impact of Hospital Bankruptcy, the Role of Hospital Governing Boards in Professional Review, and Information Sharing Among Medical Staffs;
- recommendation of policy to the House of Delegates on Prioritization of Health Care Expenditures and Notification of Denials by the PRO;
- AMA-HMSS Governing Council elections for the positions of Chairman, Vice-Chairman, Secretary, and one Member-at-large.

For Information Contact:

Department of Hospital Medical Staff Services
American Medical Association
535 North Dearborn Street
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Phone (312) 645-4754 or 645-4761

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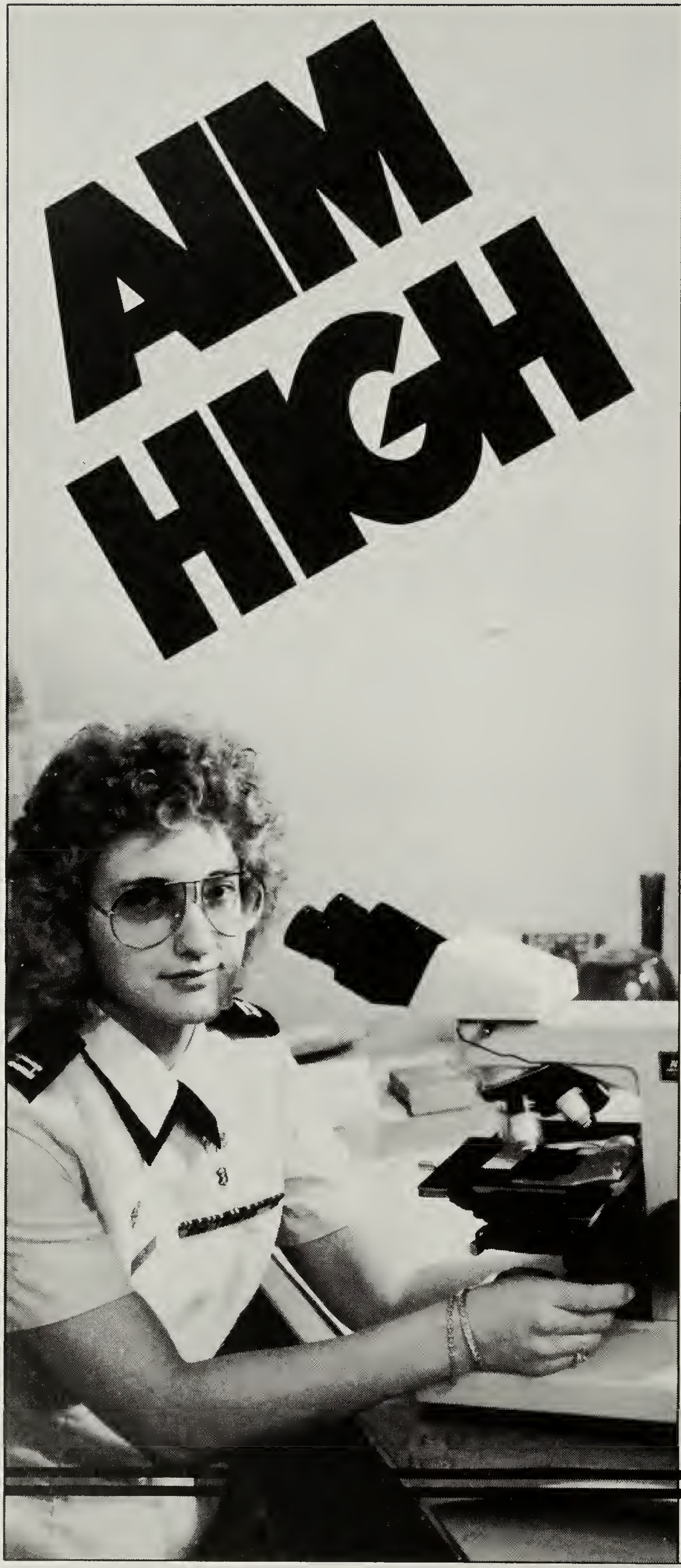

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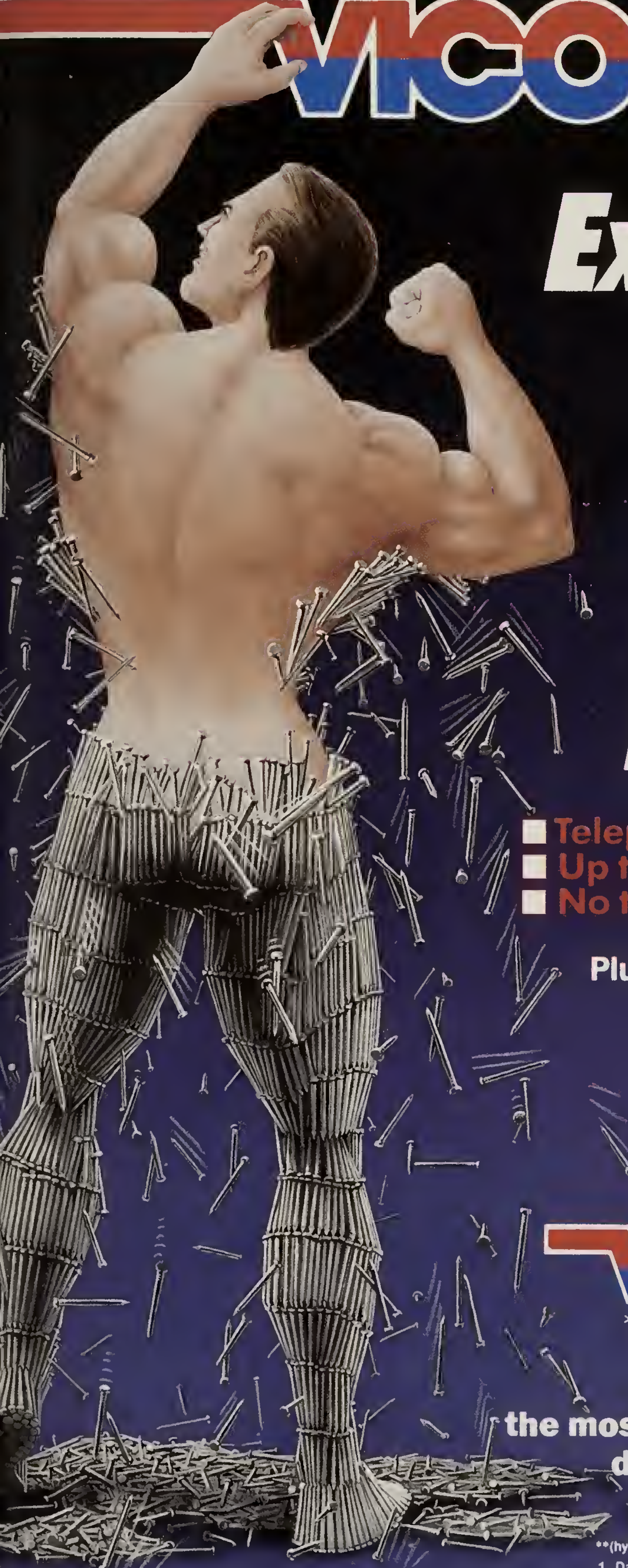

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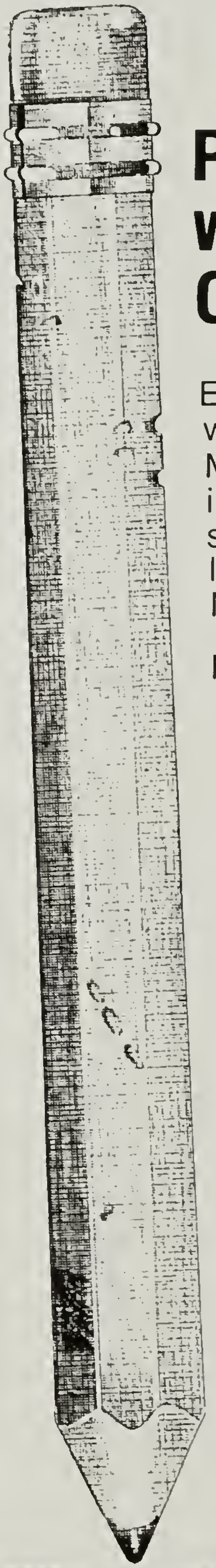

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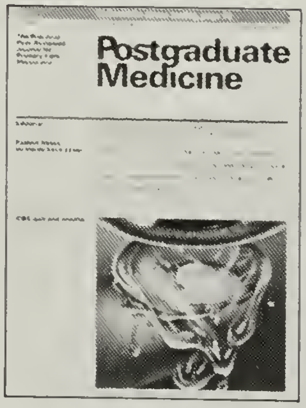

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A Report on Michigan's New Lyme Disease Reporting Requirement

By William N. Hall, MD, MPH

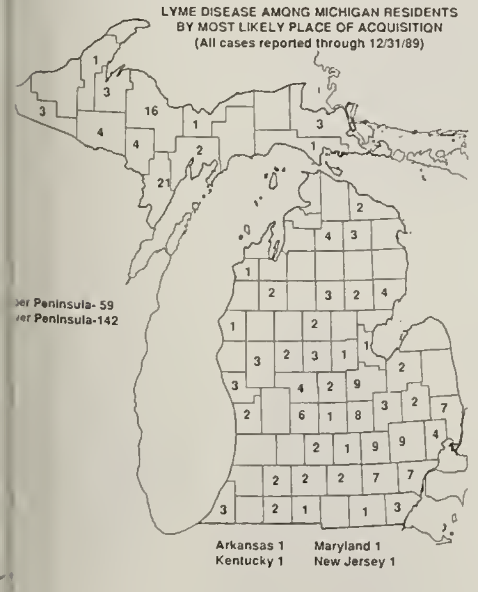
Governor Blanchard has approved an emergency rule requiring Michigan physicians to report cases of Lyme disease to Michigan local health departments. The temporary emergency rule has the support of the Michigan Department of Public Health. The Department feels it is necessary to require reporting of Lyme disease on an emergency basis in order to determine the impact of this illness on the health of the public and to monitor its spread in an optimal fashion during 1990. It is expected that Lyme disease will be added to the permanent list of diseases physicians are required to report later this year.

Physicians have been asked to report Lyme disease voluntarily since 1987. Voluntarily reported illness fitting the 1985 national case definition for "definite" Lyme disease occurred following exposures in all regions of our state. As of year-end 1989, upper peninsula Michigan counties accounted for 59 cases and lower peninsula counties accounted for 142 cases. The illness seems to be occurring with increasing frequency in our state. One hundred six of the reported cases had onset in 1989; 59 cases had onset in 1988; and only 36 cases had onset of illness prior to 1988. Our cases seem to be "real" ones. Forty-four percent have a history of the typical annular expanding lesion of Lyme disease-Erythema Migrans. Eighty-four percent have a positive Lyme disease antibody test in addition to symptoms and/or signs suggesting Lyme disease.

According to the emergency reporting rules, physicians must report the patient's name, address, age and sex and the name and date of onset of the disease to Michigan local health departments. At our request the local health department will ask the reporting physician to complete a two-page Lyme disease "case history" form. This form has space for essentials of the patient's clinical, epidemiologic and laboratory history that are necessary for determining whether or not the illness fits the standard definition for counting and for determining the most likely place of acquisition of Lyme disease. The "case history" form needs to be fully completed. Physicians may, of course, submit the completed "case history" form at the time of the initial report. Copies of the form are available through the Communicable Disease Prevention programs at Michigan local health departments or the Disease Surveillance Section of the Michigan Department of Public Health (517-335-8165). Please note that the case definition used by public health authorities is a specific one designed to ensure that Lyme disease case counts are comparable across time and from area to area. The case definition is not intended to be used in making clinical decisions with individual patients.

The Michigan Department of Public Health offers a number of Lyme disease-related services that physicians may find helpful including a tick identification service and reference level serological testing for Lyme disease. Public Health authorities at both the state and local level provide information to physician and the general public on Lyme disease. Pamphlets and fliers emphasizing personal preventive measures are available in limited quantities. ■

Doctor Hall is chief, disease surveillance, Michigan Department of Public Health.

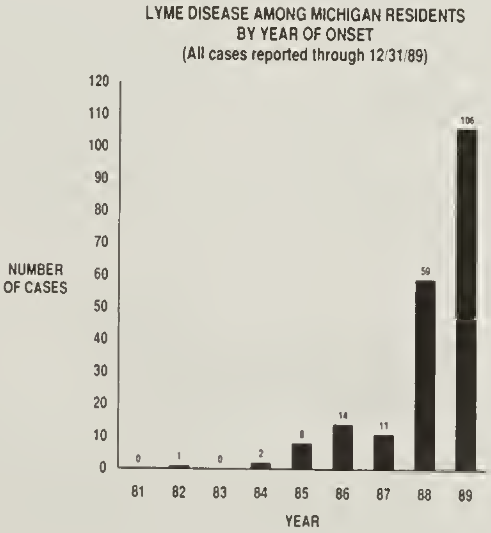


Lyme Disease Among Michigan Residents Clinical Spectrum And Seropositivity
(All cases reported through 12/31/89)

ERYTHEMA MIGRANS	FREQUENCY (%)	CARDIAC PROBLEMS	FREQUENCY (%)
Yes	88 (43.8)	Yes	32 (15.9)
No	75 (37.3)	No	144 (71.6)
Unknown	38 (18.9)	Unknown	25 (12.4)
Total	201 (100.0)	Total	201 (100.0)

NEUROLOGIC PROBLEMS	FREQUENCY (%)	ARTHRITIS	FREQUENCY (%)
Yes	51 (25.4)	Yes	148 (73.6)
No	127 (63.2)	No	49 (24.4)
Unknown	23 (11.4)	Unknown	4 (2.0)
Total	201 (100.0)	Total	201 (100.0)

SEROPOSITIVE	FREQUENCY (%)
Yes	169 (84.1)
No or not done	32 (15.9)
Total	201 (100.0)



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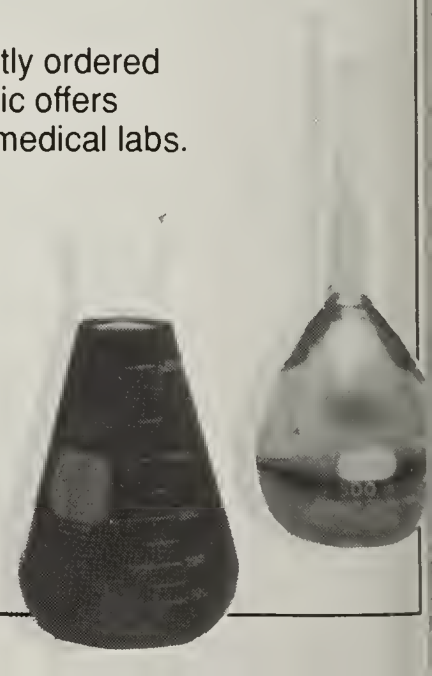

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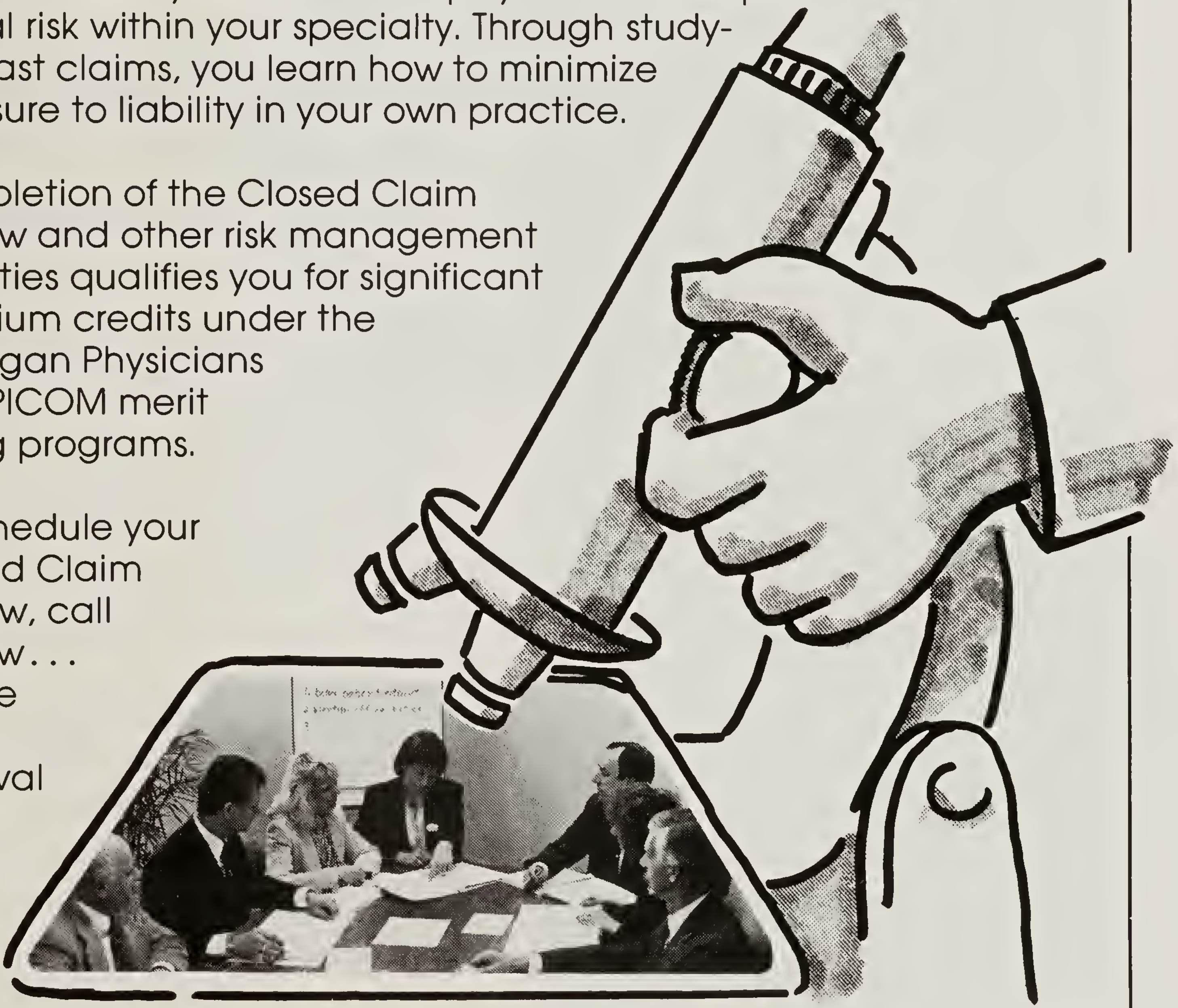

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References:

1. A. Morales et al., New England Journal of Medicine: 1221. November 12, 1981.
2. Goodman, Gilman — The Pharmacological basis of Therapeutics 6th ed., p. 176-188. McMillan December Rev. 1/85.
3. Weekly Urological Clinical letter, 27:2, July 4, 1983.
4. A. Morales et al., The Journal of Urology 128: 45-47, 1982.

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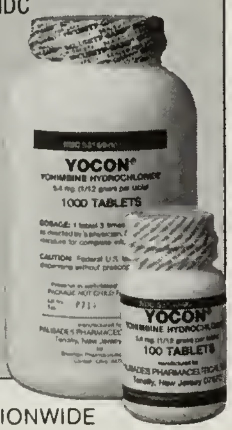

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Board of Medicine Actions

The following actions of the Michigan Board of Medicine were taken following investigative and appropriate action and are reproduced verbatim from summaries prepared by the Michigan Department of Licensing and Regulation.

Name: Edith J. Lee, MD, 150 Massachusetts, Highland Park, MI 48203
Action, Date Taken: Revoked, Fined $57,000; January 30, 1990
Reason: Conviction - Drug Related

Name: Richard Allen Patyk, MD, 1717 Morton Ave., Elkhart, IN 46516
Action, Date Taken: Revoked, Fined $250,000; January 30, 1990
Reason: Criminal Conviction

Name: Oguz K. Ramadan, MD, 8313 Holly Road, Soyer Building, Grand Blanc, MI 48439
Action, Date Taken: Summary Suspension; February 21, 1990
Reason: Drug Related

Name: Joseph A. Sentkeresty, MD, 9869 Island Street, Mecosta, MI 49332
Action, Date Taken: Summary Suspension; February 21, 1990
Reason: Substance Abuse

Name: Vittorio Torrisi, MD, 39132 County Rd., 54 East, Zephyrhills, FL 34248
Action, Date Taken: Revoked; March 7, 1990
Reason: Negligence-Incompetence

Name: Abbas T. Zadeh, MD, 1885 N. Pontiac Trail Road, Walled Lake, MI 48088
Action, Date Taken: Suspended 6 months (min.); March 23, 1990
Reason: Conviction — Drug Related

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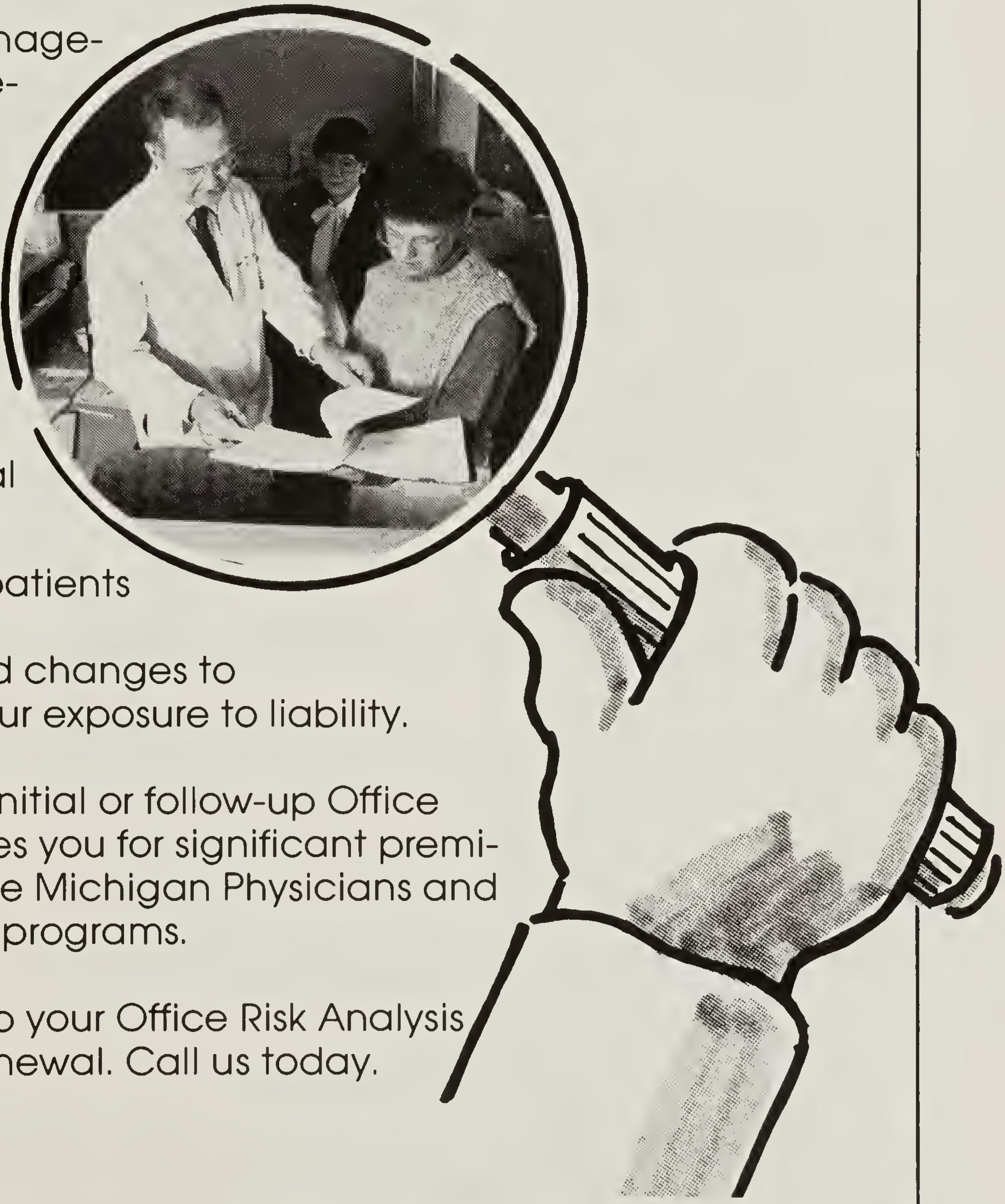

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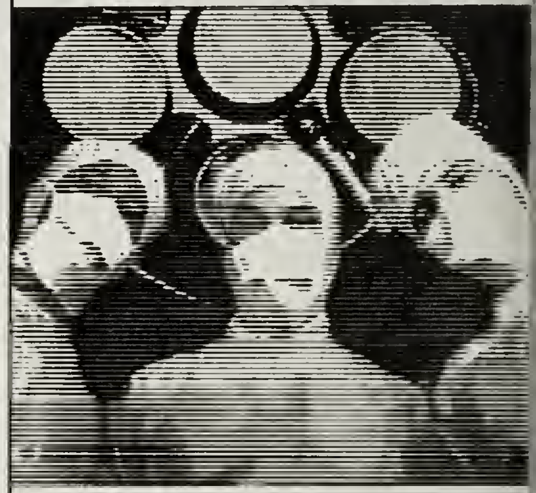

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Narayanan Bhaskaran, MD, general surgeon, died March 4. He was 50. Doctor Bhaskaran received his medical degree from Madras Medical College in 1962 and served internships in Madras, India and Cleveland. He had been on staff at The Memorial Hospital, Owosso, since September 1971, and served as the chairman of the departments of surgery and emergency services. Doctor Bhaskaran was a fellow of the Royal College of Surgeons and the American College of Surgeons.

Roland E. Kalmbach, MD
Lansing

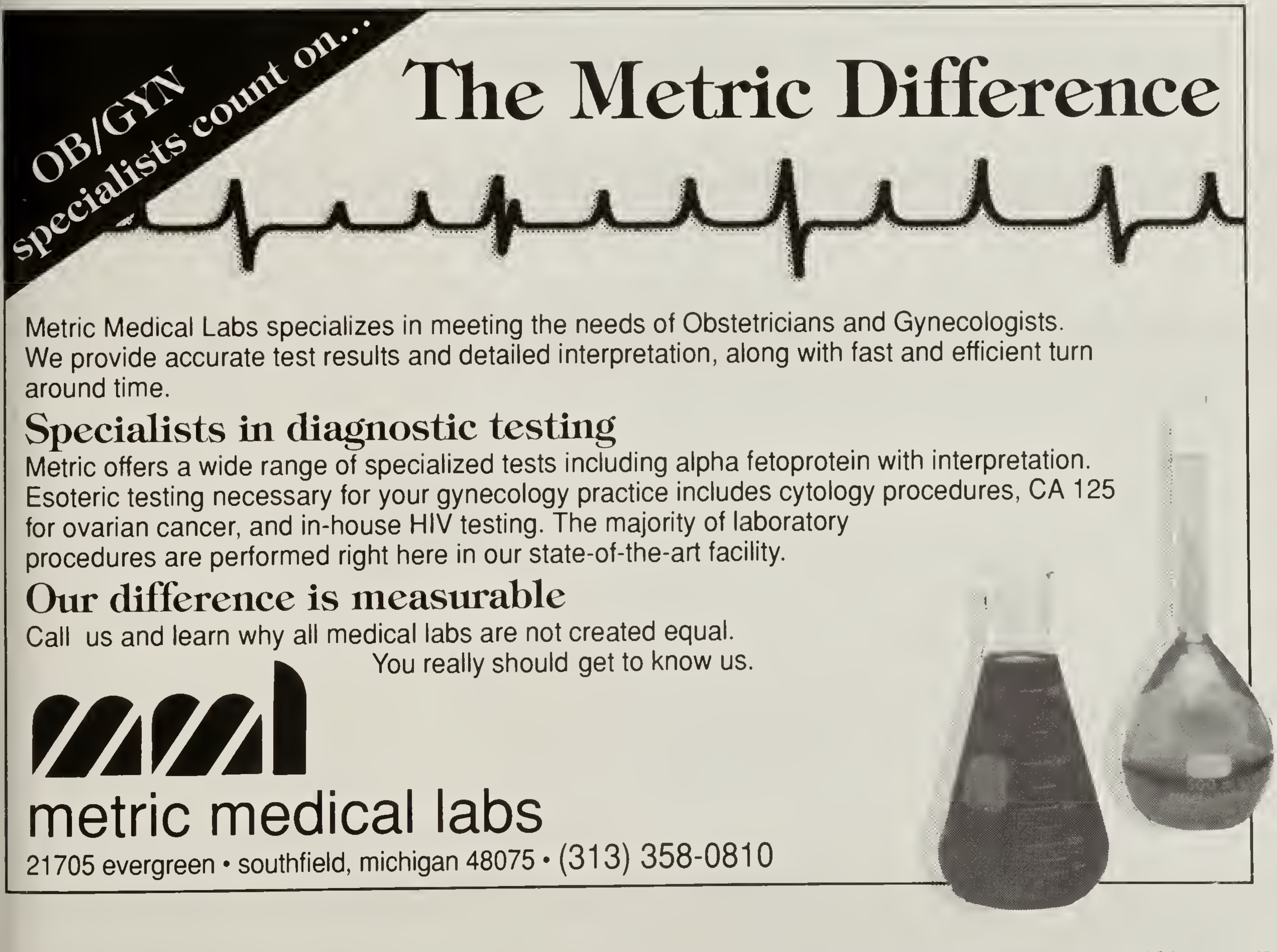
Roland E. Kalmbach, MD, general practitioner, died March 9. He was 95. Doctor Kalmbach was a graduate of the University of Michigan in 1925 and practiced medicine for 53 years. During that time, he served on staff at Sparrow and St. Lawrence hospitals in Lansing. Doctor Kalmbach was active in many professional organizations: American Medical Association, Michigan State Medical Society, Ingham County Medical Society (past president), American Academy of Family Physicians, 50-Year Club of American Medicine, and Michigan Postgraduate Clinical Institute.

Arthur E. Parks, MD
Lawton

Arthur E. Parks, MD, family physician, died March 1. He was 73. Doctor Parks graduated from Wayne State University School of Medicine. He then operated family practices in Arkansas and West Virginia before moving back to Michigan. He continued to practice medicine for 31 years. Doctor Parks was a member of the Van Buren County Medical Society, Michigan State Medical Society, American Medical Association, Michigan Association of the Professions, and American Academy of Family Physicians.

Henry Kramer Schoch, MD
Ann Arbor

Henry Kramer Schoch, MD, internist, died February 28. He was 70. Doctor Schoch received his medical degree from the University of Michigan Medical School and served as a captain in the United States Medical Corps during World War II. Beginning in 1953, he was on the medical staff of Veterans Hospital, Ann Arbor, and soon became chief of medical services there. He also served on the Advisory Board of Chelsea Community Hospital and as a lecturer at both Chelsea Community and Brighton hospitals. Doctor Schoch was an administrative physician from early 1970 until his retirement in 1985. He was also a professor at the University of Michigan Medical School and received Professor Emeritus status. Doctor Schoch was an active member of the American Medical Association, American College of Physicians, Wastenaw County Medical Society and Michigan State Medical Society.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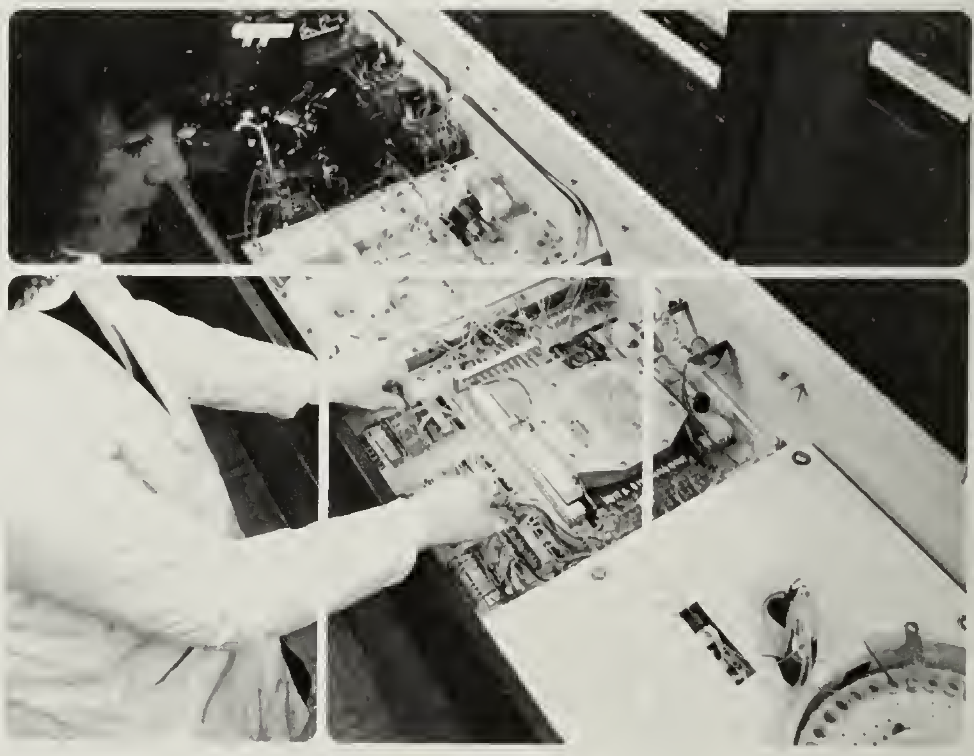

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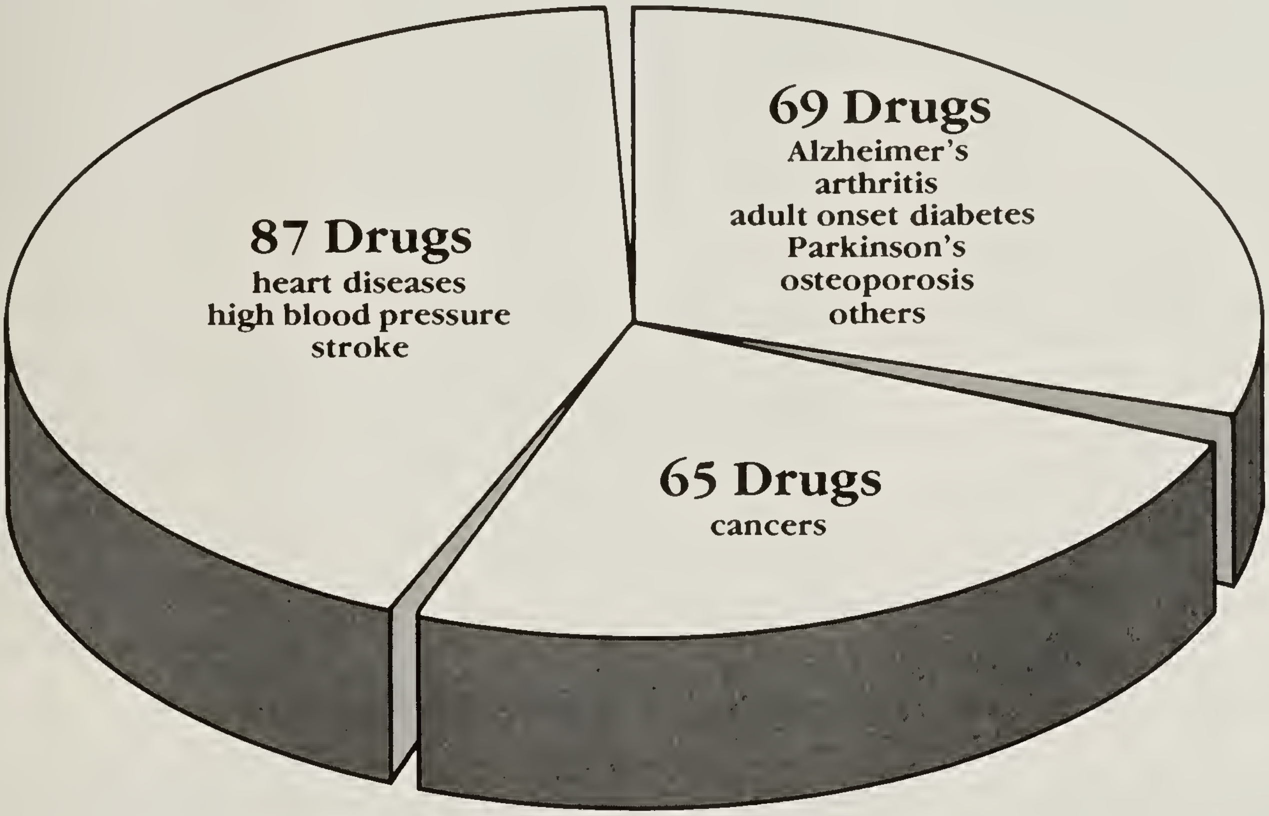

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May

8, Specialty Perspectives of Common Pediatric Office Problems. Location: Henry Ford Hospital, Detroit, Michigan. **Sponsors:** Henry Ford Hospital, Office of Medical Education. **Contact:** Shelley L. Helton, Acting Coordinator, Continuing Medical Education, 2799 West Grand Blvd, Detroit, MI 48202-2689. (313) 876-3073. **Approved for:** 5.25 hours Category I Credit.

8-11, 18th Annual Spring Update: Advances in Internal Medicine. Location: Towsley Center, Ann Arbor, Michigan. **Sponsors:** University of Michigan Medical School, Department of Internal Medicine. **Contact:** Gayle Fox, Program Assistant, Office of Continuing Medical Education, G-1100 Towsley Center-Box 0201, University of Michigan Medical School, Ann Arbor, MI 48109-0201. (313) 763-1400. **Approved for:** 32 hours Category I Credit.

11, Basic Life Support for Health Professionals. Location: Towsley Center, Ann Arbor, Michigan. **Sponsor:** University of Michigan Medical School. **Contact:** Karen Brown, Office of Continuing Medical Education, G-1100 Towsley Center-Box 0201, University of Michigan Medical School, Ann Arbor, MI 48109-0201. (313) 763-1400. **Approved for:** 16 hours Category I Credit.

12, Advanced Cardiac Life Support Recertification Course. Location: Towsley Center, Ann Arbor, Michigan. **Sponsor:** University of Michigan Medical School. **Contact:** Karen Brown, Office of Continuing Medical Education, G-1100 Towsley Center-Box 0201, University of Michigan Medical School, Ann Arbor, MI 48109-0201. (313) 763-1400. **Approved for:** 7 hours Category I Credit.

17, Identification and Treatment of Persons with Developmental Disabilities Dual Diagnosis Identification and Treatment. Location: Gilmore Center for Health Education, Bronson Methodist Hospital, Kalamazoo, Michigan. **Sponsors:** Michigan State University, Kalamazoo Center for Medical Studies Department of Mental Health, Bureau of Clinical and Medical Services. **Contact:** Michigan State University, Kalamazoo Center for Medical Studies, Office of Continuing Medical Education, 1535 Gull Road, Kalamazoo, MI 49001. (616) 383-7363. **Approved for:** 6 hours Category I Credit.

17-18, The Restenosis Summit II. Location: Towsley Center, Ann Arbor, Michigan. **Sponsors:** University of Michigan Medical School, Division of Cardiology, Department of Internal Medicine. **Contact:** Debra DeSmyther, Program Assistant, Office of Continuing Medical Education, G-1100 Towsley Center-Box 0201, University of Michigan Medical School, Ann Arbor, MI 48109-0201. (313) 763-1400. **Approved for:** 16 hours Category I Credit.

19, Primary Care, Clinical Problems in Otolaryngology - Head and Neck Surgery. Location: Henry Ford Hospital, Detroit, Michigan. **Sponsors:** Henry Ford Hospital, Office of Continuing Medical Education. **Contact:** Shelley L. Helton, Acting Coordinator, Continuing Medical Education, 2799 West Grand Blvd, Detroit, MI 48202-2689. (313) 876-3073. **Approved for:** 7.5 hours Category I Credit.

17-19, Microscopic Endolaryngeal Surgery: New and Advanced Techniques of Diagnosis and Treatment. Location: Towsley Center, Ann Arbor, Michigan. **Sponsors:** University of Michigan Medical School, and Department of Otolaryngology -Head and Neck Surgery. **Contact:** Gayle Fox, Program Assistant, Office of Continuing Medical Education, G-1100 Towsley Center-Box 0201, University of Michigan Medical School, Ann Arbor, MI 48109-0201. (313) 763-1400. **Approved for:** 34 hours Category I Credit.

17-19, Medicolegal Investigation of Death: Location: Radisson Hotel Detroit Metro Airport, Detroit, Michigan. **Sponsors:** Wayne State University School of Medicine. **Contact:** Division of Continuing Medical Education, University Health Center, 4201 St. Antoine, 4H, Detroit, MI 48201. (313) 577-1180. **Approved for:** 15.5 hours Category I Credit.

18-19, 62nd Annual Ophthalmology Spring Postgraduate Conference: Recent Advances in Eye Plastic and Orbital Surgery. Location: University of Michigan, W.K Kellogg Eye Center, Ann Arbor, Michigan **Sponsors:** University of Michigan Medica School, Department of Ophthalmology. **Contact:** Betty Phillips, Program Assistant, Office of Continuing Medical Education, G-110 Towsley Center-Box 0201, University of Michigan Medical School, Ann Arbor, MI 48109 0201. (313) 764-2288. **Approved for:** 1 hours Category I Credit.

23, Management of Hypertension in th 90s. Location: Fetzer Center, Western Michigan University, Kalamazoo, Michigan. **Sponsors:** Michigan State University, Kalamazo Center for Medical Studies, Hypertensio and Kidney Disease Center, Kalamazoo Michigan. **Contact:** Hypertension and Kidney Disease Center, 1717 Shaffer Road, Suit 018, Kalamazoo, MI 49001. (616) 344-7921 **Approved for:** 4.5 hours Category I Credit.

June

4-8, Microvascular Workshop for Otolaryngologists and Head and Neck Reconstructive Surgeons. Location: Towsley Center, Ann Arbor, Michigan. **Sponsors** University of Michigan Medical School, Department of Otolaryngology - Head and Necl Surgery, and the American Academy of Facia Plastic and Reconstructive Surgery. **Contact** Debra DeSmyther, Program Assistant, Offic of Continuing Medical Education, G-110 Towsley Center-Box 0201, University of Michigan Medical School, Ann Arbor, MI 48109 0201. (313) 763-1400. **Approved for:** 4 hours Category I Credit.

6-8, Current Topics in Blood Banking Location: Towsley Center, Ann Arbor, Michigan. **Sponsors:** University of Michigan Medical School, Department of Pathology. **Contact:** Gayle Fox, Program Assistant, Office o Continuing Medical Education, G-110 Towsley Center-Box 0201, University of Michigan Medical School, Ann Arbor, MI 48109 0201. (313) 763-1400. **Approved for:** 1 hours Category I Credit.

13-15, Clinical Laboratory Compute Symposium. Location: Towsley Center, An Arbor, Michigan. **Sponsors:** University o Michigan Medical School, Department of Pathology. **Contact:** Debra DeSmyther, Program Assistant, Office of Continuing Medica Education, G-1100 Towsley Center-Box 0201 University of Michigan Medical School, An Arbor, MI 48109-0201. (313) 763- 1400. **Approved for:** 16 hours Category I Credit.

CATEGORY I COURSES

July

12-14, First Bristol-Myers Squibb Symposium on Pain. Location: Towsley Center, Ann Arbor, Michigan. **Sponsor:** University of Michigan Medical School. **Contact:** Gayle Fox, Program Assistant, Office of Continuing Medical Education, G-1100 Towsley Center-Box 0201, University of Michigan Medical School, Ann Arbor, MI 48109-0201. (313) 763-1400. **Approved for:** 16 hours Category I Credit.

20-23, Sixteenth Annual Advances in the Management of Infectious Diseases. Location: Grand Hotel, Mackinac Island, Michigan. **Sponsors:** University of Michigan Medical School, Department of Internal Medicine. **Contact:** Betty Phillips, Program Assistant, Office of Continuing Medical Education, G-1100 Towsley Center-Box 0201, University of Michigan Medical School, Ann Arbor, MI 48109-0201. (313) 763-1400. **Approved for:** 11 hours Category I Credit.

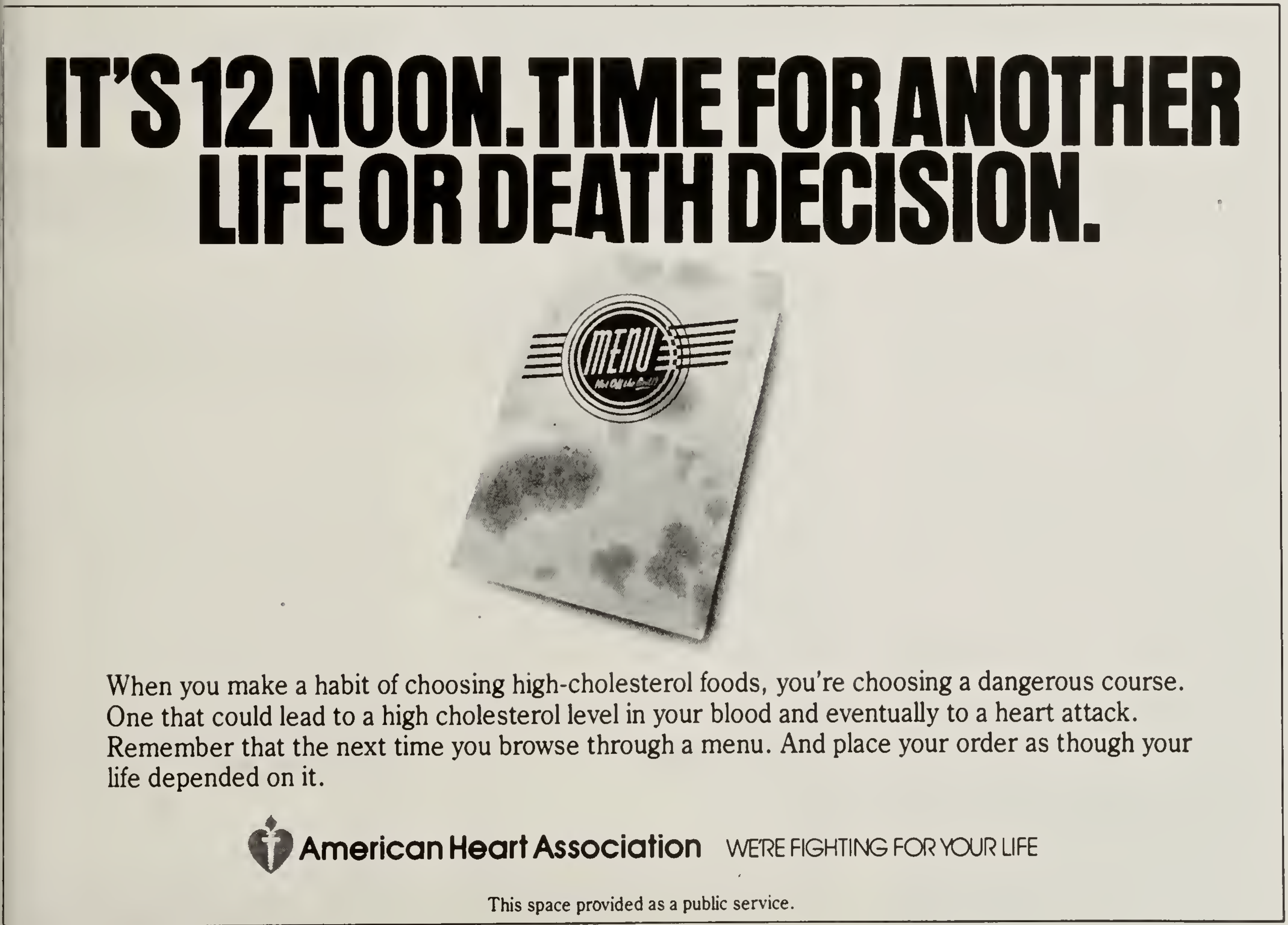
22-25, 4th Annual Symposium on Breast Disease. Location: Grand Traverse Resort, Traverse City, Michigan. **Sponsors:** University of Michigan Medical School, Department of Radiology. **Contact:** Ted Ciganik, Program Assistant, Office of Continuing Medical Education, G-1100 Towsley Center-Box 0201, University of Michigan Medical School, Ann Arbor, MI 48109-0201. (313) 763-1400. **Approved for:** 13 hours Category I Credit.

24-27, Cardiology Update. Location: Grand Hotel, Mackinac Island, Michigan. **Sponsors:** University of Michigan Medical School, Department of Internal Medicine. **Contact:** Betty Phillips, Program Assistant, Office of Continuing Medical Education, G-1100 Towsley Center-Box 0201, University of Michigan Medical School, Ann Arbor, MI 48109-0201. (313) 763-1400. **Approved for:** 10 hours Category I Credit.

26-27, Coller Penberthy Thirlby Medical Conference. Location: Grand Traverse Resort, Traverse City, Michigan. **Sponsor: Munson Medical Center. Contact:** Elaine Gaines, Medical Education Secretary, Munson Medical Center, 1105 Sixth Street, Traverse City, MI 49684-2386. (616) 922-9546.

August

3-4, Diabetes & Endocrinology Update. Location: Grand Traverse Resort Village, Traverse City, Michigan. **Sponsors:** University of Michigan Medical School, Division of Endocrinology and Metabolism, Department of Internal Medicine. **Contact:** Registrar, Office of Continuing Medical Education, G-1100 Towsley Center-Box 0201, University of Michigan Medical School, Ann Arbor, MI 48109-0201. (313) 763-1400. **Approved for:** 7 hours Category I Credit.



IT'S 12 NOON. TIME FOR ANOTHER LIFE OR DEATH DECISION.

When you make a habit of choosing high-cholesterol foods, you're choosing a dangerous course. One that could lead to a high cholesterol level in your blood and eventually to a heart attack. Remember that the next time you browse through a menu. And place your order as though your life depended on it.

American Heart Association WE'RE FIGHTING FOR YOUR LIFE

This space provided as a public service.

MEETINGS

MSMS Meetings

May

9, MSMS/PSG, Marketing Strategies, Holiday Inn, Livonia, MI. Contact: Amy Fistler, PSG, Assistant to General Manager, (517) 337-1351 Ext. 65.

10, MSMS/PSG, Defensive Planning, The Townsend Hotel, Birmingham, MI. Contact: Amy Fistler, PSG, Assistant to General Manager, (517) 337-1351 Ext. 65.

17, MSMS/PSG, Protecting Your Practice, Amway Grand, Grand Rapids, MI. Contact: Amy Fistler, PSG, Assistant to General Manager, (517) 337-1351 Ext. 65.

17, MSMS/PSG, Time Management, Hyatt Regency, Dearborn, MI. Contact: Amy Fistler, PSG, Assistant to General Manager, (517) 337-1351 Ext. 65.

31, MSMS Conference on Sports Medicine, Domino Farms Complex, Ann Arbor, MI. Contact: Sherry L. Fent, Chief, Physician Education, (517) 337-1351 Ext. 28.

June

8,9, MSMS/PSG, AMA's Starting Yourself in Medical Practice: Selecting an HMO or Private Practice, Weber Inn, Ann Arbor, MI. Contact: Amy Fistler, PSG, Assistant to General Manager, (517) 337-1351 Ext. 65.

July

12-15, MSMS Midsummer Board of Directors Meeting, Grand Traverse Village, Traverse City, MI. Contact: William E. Madigan, MSMS Executive Director, (517) 337-1351.

August

6-10, MSMS/PSG, Conomikes Medical Office Management Institute, Grand Traverse Resort, Traverse City, MI. Contact: Amy Fistler, PSG, Assistant to General Manager, (517) 337-1351 Ext. 65.

September

14,15, MSMS/PSG, AMA's Starting Yourself in Medical Practice: Selecting an HMO or Private Practice, Hyatt Regency, Dearborn, MI. Contact: Amy Fistler, PSG, Assistant to General Manager, (517) 337-1351 Ext. 65.

18, MSMS Leadership Conference, Radisson Hotel, Lansing, MI. Contact: Mary Anne Ford, Chief, State Government Affairs (517) 337-1351 Ext. 38.

19, MSMS Board of Directors Meeting, MSMS Headquarters, East Lansing, MI. Contact: William E. Madigan, MSMS Executive Director, (517) 337-1351.

October

3, MSMS/PSG, Health Law Update, Hyatt Regency, Dearborn, MI. Contact: Amy Fistler, PSG, Assistant to General Manager, (517) 337-1351 Ext. 65.

3,4, MSMS/PSG, Third Party Reimbursement. 3rd – Hyatt Regency, Dearborn, MI. 4th – Amway Grand, Grand Rapids, MI. Contact: Amy Fistler, PSG, Assistant to General Manager, (517) 337-1351 Ext. 65.

9,10,11, MSMS/BCBS Medicare. 9th – Amway Grand, Grand Rapids, MI. 10th – To be announced, Bay City, MI. 11th – Weber Inn, Ann Arbor, MI. Contact: Amy Fistler, PSG, Assistant to General Manager, (517) 337-1351 Ext. 65.

17,18, MSMS/PSG, Retirement Planning. 17th – Hyatt Regency, Dearborn, MI. 18th – Amway Grand, Grand Rapids, MI. Contact: Amy Fistler, PSG, Assistant to General Manager, (517) 337-1351 Ext. 65.

23,24,25, MSMS/PSG, Advanced Coding. 23rd – Dearborn Inn, Dearborn, MI. 24th – To be announced, Lansing, MI. 25th – Bay Valley Inn, Bay City, MI. Contact: Amy Fistler, PSG, Assistant to General Manager, (517) 337-1351 Ext. 65.

31, MSMS Board of Directors Meeting, MSMS Headquarters, East Lansing, MI. Contact: William E. Madigan, MSMS Executive Director, (517) 337-1351.

November

6-8, MSMS Annual Scientific Meeting, Hyatt Regency, Dearborn, MI. Contact: Sherry L. Fent, Chief, Physician Education, (517) 337-1351 Ext 28.

13-16, MSMS/PSG/AMA Office Staff Training, Hyatt Regency, Dearborn, MI. Contact: Amy Fistler, PSG, Assistant to General Manager, (517) 337-1351 Ext. 65.

AMA Meetings

May

10-12, 1990 National Congress on Adolescent Health, Grand Hyatt Hotel, Washington, DC. Contact: Dan Maier, American Medical Association, Dept. of Public Information, 535 North Dearborn St., Chicago, IL 60610. (312 645-5382.

June

18-19, Second Annual Conference: Testing, Counseling and Early Care of HIV Patients, Westin St. Francis Hotel, San Francisco, CA. Contact: John Hammarley, American Medical Association, Dept. of Public Information, 535 North Dearborn St., Chicago, IL 60610. (312) 645-4417.

24-28, AMA 1990 Annual Meeting, Chicago, IL, Contact: American Medical Association, Dept. of Public Information, 535 North Dearborn St., Chicago, IL 60610. (312) 645-5000.

October

11-12, Ninth Annual AMA Science Reporters Conference. Contact: John Hammarley, (312) 645-4417.

Michigan Specialty Society Meetings

May

9, Michigan Allergy Society Spring Meeting. Detroit, MI. Contact: Viola Heins, PSG, Account Executive (517) 337-1351 Ext. 56.

17,24,31, Michigan Psychoanalytic Institute Discussion Series for Parents: Infancy. Contact: Michigan Psychoanalytic Institute, Extension Division (517) 559-5855.

18-19, Michigan Society of Pathologists Spring Meeting. Lansing, MI. Contact: Viola Heins, PSG, Account Executive (517) 337-1351 Ext. 56.

31, Michigan Psychoanalytic Institute, "Some Comments on Masochism and the Delusion of Omnipotence From a Developmental Perspective." Contact: Colleen Jaeger, Administrative Assistant (313) 557-8633.

31, Michigan Psychoanalytic Society, "The Relevance of Child and Adolescent Analytic Experience to Work with Adults: The Termination Phase." Contact: Shirley Seffinger or Colleen Jaeger, 16310 W. Twelve Mile Rd., Suite 204, Southfield, MI 48076. (313) 559-5855.

June

7-8, Annual Residents/Surgeons Day and Michigan Chapter, American College of Surgeons Annual Meeting, Bellaire, MI. Contact:

MEETINGS

iola Heins, PSG, Account Executive (517) 37-1351 Ext. 56.

July

20-22, Michigan Society of Medical Assistnts, Summerfest-1990, Gaylord, MI. Conact: G. Warden-Day CMA, 4574 Jamm Rd, ontiac, MI 48055. (313) 391-1204.

eptember

6,13,27, Michigan Psychoanalytic Institute Discussion Series for Parents: Toddlerhood. Contact: Michigan Psychoanalytic Institute, Extension Division. (313) 559-5855.

October

11,18,25, Michigan Psychoanalytic Institute Discussion Series for Parents: Mid-Childhood. Contact: Michigan Psychoanalytic Institute, Extension Division. (313) 559-5855.

November

8,15,29, Michigan Psychoanalytic Institute Discussion Series for Parents: Adolescence. Contact: Michigan Psychoanalytic Institute, Extension Division. (313) 559-5855.

National Specialty Society Meetings

May

6-9, American Association of Plastic Surgeons, Annual Meeting, Hot Springs, VA. Contact: Pauletta Reid, Administrative Secretary, (312) 645-4412.

7-9, American Association for Thoracic Surgery, Annual Scientific Meeting, Toronto, CA. Contact: Pauletta Reid, Administrative Secretary, (312) 645-4412.

7-10, American College of Obstetricians & Gynecologists, Annual Scientific Meeting, San Francisco, CA. Contact: Pauletta Reid, Administrative Secretary, (312) 645-4412.

7-11, American Pediatric Society, Anaheim, CA. Contact: (718) 270-1692.

10-13, American Society of Internal Medicine, Leadership Conference, St. Louis, MO. Contact: Pauletta Reid, Administrative Secretary, (312) 645-4412.

12-16, American Gastroenterological Association, Annual Scientific Meeting, San Antonio, TX. Contact: Pauletta Reid, Administrative Secretary, (312) 645-4412.

12-17, American Psychiatric Association, New York, NY. Contact: (202) 682-6193.

12-18, American Psychiatric Association, Annual Meeting, New York, NY. Contact: Pauletta Reid, Administrative Secretary, (312) 645-4412.

13-17, American Urological Association, New Orleans, LA. Contact: (301) 727-1100.

16, American Society for Gastrointestinal Endoscopy, Annual Scientific Meeting, San Antonio, TX. Contact: Pauletta Reid, Administrative Secretary, (312) 645-4412.

16-19, The National Conference of Physician Executives, San Antonio, TX. Contact: The American College of Physician Executives, (813) 287-2000.

17-20, American Geriatrics Society, Annual Scientific Meeting, Atlanta, GA. Contact: Pauletta Reid, Administrative Secretary, (312) 645-4412.

19-22, American Pediatric Surgical Association, Annual Meeting, Vancouver, British Columbia. Contact: Pauletta Reid, Adminstrative Secretary, (312) 645-4412.

20-24, American Thoracic Society, Boston, MA. Contact: (212) 315-8794.

23-25, American College of Sports Medicine, Salt Lake City, UT. Contact: (317) 637-9200.

27-31, American College of Emergency Physicians, 19th Annual Scientific Assembly, Napa, CA. Contact: CAL/ACEP, (213) 374-4039 or 800-SEK-ACEP.

June

10-14, American Orthopaedic Association, Annual Meeting, Boston, MA. Contact: Pauletta Reid, Administrative Secretary, (312) 645-4412.

11-15, American College of Physician Executives, Physician in Management I & II. Contact: The American College of Physician Executives, (813) 287-2000.

20-24, American Academy of Dermatology, Interim Meeting, Boston, MA. Contact: Pauletta Reid, Administrative Secretary, (312) 645-4412.

July

23-26, The American College of Physician Executives, Summer Executive Symposium, Montreal, Quebec, Canada. Contact: The American College of Physician Executives, (813) 287-2000.

27-30, American Academy of Sport Physicians, Annual Meeting, Seattle, WA. Contact: Janie Zimmer, Academy Coordinator, 17113 Gledhill Street, Northridge, CA 91325. (818) 886-7891.

Other Meetings

May

31/6-1, 16 Annual Symposium for Michigan Neonatologists. Contact: John V. Hartline, MD. (616) 341-6469.

June

7-10, AIDS: Living in Recovery Conference, Cincinnati, OH. Contact: James R. Swearingen, Communication Coordinator. (513) 579-3227.

August

18-24, The Ninth Annual Meeting of The Society of Magnetic Resonance in Medicine. Contact: SMRM, 1918 University Ave., Suite 3C, Berkeley, CA 94704. (415) 841-1899.

September

24-25, 5th Annual Urological Postgraduate Course. Contact: Ananias C. Diokno, MD, Beaumont Hospital. (313) 288-2554.

May is High Blood Pressure Month

WE'RE FIGHTING FOR YOUR LIFE

American Heart Association

This space provided as a public service.

CLASSIFIEDS

The rate for classified advertising in Michigan Medicine is 80 cents per word, with a minimum charge of $40.00. Copy for classified advertisements should be received not later than the first of the month preceding the month of publication.

POSITIONS OPEN

ALLERGIST – Highly-respected allergist in Grosse Pointe, is searching for an associate to join well-established practice. Superb private practice opportunity. Send CV to or contact S. Brown, 31510 Gratiot Avenue, Suite 300, Roseville, MI 48066-4563, (313) 296-8606.

ANN ARBOR – DETROIT AREA: Looking for career-oriented **emergency physicians** board certified/prepared in emergency medicine, internal medicine, surgery or family practice. Directorships with stipends available. Outstanding compensation including malpractice insurance. Benefit package available to full-time physicians. Contact: Sondra Hefflebower, Emergency Consultants, Inc., 2240 South Airport Road, Room 23, Traverse City, MI 49684; (800) 253-1795 or in Michigan (800) 632-3496.

ANN ARBOR: PEDIATRICIAN, BC/BE, for full- or part-time at hospital-based Pediatric Urgent Care. PALS skills, and skills in managing the acutely ill, injured infants, and children necessary. Pediatric inpatient consulting service, Level II Nursery and delivery room coverage also available. Position available immediately and/or July 1990. Respond to Emergency Physicians Medical Group, PC, 2864 Carpenter Rd., Suite 100, Ann Arbor, MI 48108 (313) 973-7622.

ASSOCIATE RESIDENCY DIRECTOR FAMILY PRACTICE – A major teaching hospital in S.E. Michigan needs family physician/teacher to be Associate Family Practice Residency Director for its Department of Family Practice. Career teaching position with patient care, curriculum and administrative responsibilities. Qualified candidates should be family practice residency trained, Board certified and have a minimum of 2-3 years faculty experience. A competitive salary and fringe benefit package await the selected individual. Send curriculum vitae in confidence to: Rob Stenberg, Senior Associate, Bernie Hoffman Associates, Inc., 15565 Northland Drive, Suite 800 East, Southfield, MI 48075. Phone: (313) 557-9340.

PHYSICIAN URGENT CARE/ INDUSTRIAL MEDICINE

A very challenging position for a skilled urgent care physician is available at Burns Clinic Medical Center, a 100 physician multi-specialty group serving a 26-county area in Northern Michigan. We are associated with Northern Michigan Hospitals, regional referral center for the 26-county area.

The position involves extensive clinical work as well as industrial medicine coverage and ER coverage if the incumbent is Board Certified in Emergency Medicine. Physician should have a broad background in general practice and some experience in industrial medicine.

Located in Petoskey, on Lake Michigan and in the heart of Michigan's beautiful north country, we offer a variety of enjoyable living options. For prompt consideration, call **Robert Crumb at (616) 348-2366** or send resume in confidence to: **BURNS CLINIC MEDICAL CENTER, 560 W. Mitchell, Petoskey, MI 49770.** An equal opportunity employer.

Burns Clinic

DERMATOLOGIST, PSYCHIATRIST, ALLERGIST, INTERNAL MEDICINE FAMILY PRACTICE — A progressive 126-bed, two-hospital system is seeking the above specialties to establish practices in the Iron Mountain area of Michigan's Upper Peninsula. Must be BE-/BC. Located 100 miles north of Green Bay, Wisconsin, Dickinson County Hospitals has a medical staff of 45 full-time physicians and a total service area population of over 45,000. Diagnostic capabilities include a CT scanner, C02 laser, and a fully staffed special diagnostic department. CONTACT: John Schon, Administrator, Dickinson County Hospitals, 400 Woodward Avenue, Iron Mountain, MI 49801 (906) 779-4500.

FACULTY OB/GYN – St. John Hospital and Medical Center is searching for two faculty members to join expanding Department of Obstetrics and Gynecology. Ideal candidate will be board certified, desirous of a hospital-based assignment and have a strong interest in precepting residents. Send CV to or contact M. Donaldson, 31510 Gratiot Avenue, Suite 300, Roseville, MI 48066-4563, (313) 296-8610.

FAMILY MEDICINE PHYSICIANS PRACTICE OPPORTUNITIES SOUTHEASTERN MICHIGAN — Providence Hospital is seeking Board Eligible/Certified Family Physicians for practice opportunities in the Providence network of family health centers. These family health centers serve smaller congenial communities in the western suburbs of Metropolitan Detroit. Core groups of family physicians create an atmosphere conducive to the practice of family medicine. Access to tertiary care and family centered obstetrical care available. All practice opportunities sponsored by Providence Hospital, Department of Family Practice. An excellent salary and benefit program awaits the selected individuals interested in true family medicine. Please forward a curriculum vitae in confidence to: Rob Stenberg, Senior Associate, Bernie Hoffmann Associates, Inc., 15565 Northland Drive, Suite 800 East, Southfield, MI 48075. Phone: (313) 557-9340.

FAMILY PHYSICIAN needed for lovely Northeast Indiana town. Large coverage group, low malpractice; OB optional. Excellent income guarantee and benefits combined with bucolic lifestyle and modern progressive hospital make this a unique opportunity. For more information contact Cheryl Broderick: (800) 221-4762 or collect (212) 599-6200.

FAMILY PRACTICE – HOSPITAL-SPONSORED clinic opportunity. Dynamic, growth-

CLASSIFIEDS

oriented hospital in beautiful North Central Wisconsin is seeking two family physicians for a new clinic facility currently being constructed. The administrative burdens of medical practice will be minimized in this hospital-managed clinic. The hospital has committed to an income and benefit package which is significantly higher than similar opportunities. Package includes base income, incentive bonus, malpractice, disability, signing bonus, and student loan reduction/forgiveness program. All relocation costs will be borne by the hospital. Please contact Dan McCormick, President, Allen McCormick, France Place, Suite 920, 3601 Minnesota Drive, Bloomington, MN 55435 (612) 835-5123.

FAMILY PRACTICE: Marshfield Clinic, a multispecialty group practice with nearly 350 physicians, is seeking BE/BC family practitioners to join expanding regional centers. Practice opportunities range in size from single specialty groups of three to multispecialty group of twenty-five. Positions available in six locations: Two in northwestern Wisconsin within 70 and 90 miles of Minneapolis; two in north central Wisconsin within 80 and 90 miles of Lake Superior; and two in central Wisconsin within 25 and 35 miles of Marshfield. Full specialty consultation readily available. Positions offer strong economic stability combined with exceptional recreational, cultural, and educational opportunities. Starting salary up to $92,160 with salary in two years up to $116,400. Fringe benefit package outstanding. Send CV and references to: David L. Draves, Director Regional Development, 1000 North Oak Avenue, Marshfield, WI 54449 or call collect at (715) 387-5376.

FAMILY PRACTICE: Marshfield Clinic, a multispecialty group practice with nearly 350 physicians, is seeking a 7th BE/BC family practitioner for one of its expanding (12 physician) regional centers in northwestern Wisconsin, within approximately two hours of Minneapolis/St. Paul and/or Lake Superior. The ability to perform cesarean sections is a prerequisite for this position. Construction for a new $2 million clinic is scheduled for mid-1990. Position offers an excellent blend of recreational, cultural and educational opportunities. No start-up expense. Salary negotiable ($90,000+) with outstanding fringe benefit package (includes Clinic self-insured malpractice). Opportunity to preactice broad spectrum family practice with onsite access to a variety of consultants and time to enjoy family and recreation. Send C.V. and references to: David L. Draves, Director Regional Development, 1000 North Oak Ave., Marshfield, Wisconsin 54449 or call collect at (715) 387-5376.

FAMILY PRACTICE — Physicians seeking a BE/BC family practice physician for the Norway, Michigan, service area. The physician would have the option of joining one of the existing practices and/or setup his/her own practice. Anderson Memorial Hospital is a part of Dickinson County Hospitals and has a service area population of over 45,000. Contact: Doctor Paul Hayes, Anderson Memorial Hospital, Main Street, Norway, MI 49870 (906) 563-9243 or office (906) 563-9255.

FAMILY PRACTICE, RADIOLOGY, OB-/GYN, INTERNAL MEDICINE, ONCOLOGY/HEMOTOLOGY, NON-INVASIVE CARDIOLOGY and other specialties needed for small and mid-sized towns in New Mexico and the Sunbelt and Inter-mountain regions. Excellent facilities and competitive renumeration packages combine with good schools, outdoor recreation and beautiful locations to provide a quality lifestyle. All inquiries are fully confidential. Call Phyllis or Bruce Moffitt at (800) 736-0113 or send CV to CPS, P. O. Box 1163, Corrales, NM 87048.

FULL-TIME, PART-TIME, AND LOCUM TENENS. GPs, PPs, and **Emergency Physicians** needed to staff a network of convenience medical care centers located in Bay City, Saginaw, Midland, and Mt. Pleasant, Michigan. Flexible hours and attractive compensation packages. Send CV to or contact Euclid Medical Group, PC, 1420 Center Avenue, Bay City, MI 48708 (517) 892-1199.

GENERAL INTERNIST: MARSHFIELD CLINIC, a multispecialty group practice with 350 physicians, is seeking BE/BC general internists to join its 30-ember section in Marshfield and three expanding regional centers in Northwestern and North Central Wisconsin. An Internal Medicine Residency Program, University of Wisconsin Medical School affiliation and Medical Research Foundation contribute to a very stimulating practice environment. Positions offer strong economic stability combined with exceptional recreational, cultural, and educational opportunities. Starting salaries up to $92,000 with salary in two years up to $116,400. Fringe benefits package is outstanding. Send CV to: David L. Draves, Director Regional Development, 1000 North Oak Avenue, Marshfield, WI 54449 or call collect at (715) 387-5376.

GENERAL INTERNIST WITH INTEREST IN PREOPERATIVE EVALUATIONS. Marshfield Clinic, a multispecialty group practice with over 300 physicians, is seeking a BE-/BC general internist to staff a Preoperative Evaluation Clinic. There is no hospital practice, night or weekend call. This is a half-time position; and the applicant may develop the other half of practice to meet his or her practice interests which could include staffing a Walk-In Clinic; Employee Health Clinic or development of a private practice. Salary negotiable but very competitive depending on the type of practice developed, and the fringe benefit package is outstanding. Send references and CV to David L. Draves, 1000 North Oak Avenue, Marshfield, WI 54449 or call collect (715) 387-5376.

GENERAL INTERNIST WITH PSYCHIATRY INTEREST: Marshfield Clinic, a multispecialty group practice with over 300 physicians, is seeking a Medical Director for the inpatient Psychiatry Unit. A BC/BE internist with psychiatry experience is preferred. The medical directorship of the Psychiatry Unit is half-time, and the applicant may develop the other portion of practice to meet his or her practice interests. This could include a private practice or noncontinuity of care practice such as Walk-in Clinic, Preop Evaluation or Employee Health Clinic. Starting salary is negotiable but very competitive and the fringe benefit package is outstanding. Send CV and references to David L. Draves, 1000 North Oak Avenue, Marshfield, WI 54449 or call collect (715) 387-5376.

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PRESIDENT'S PAGE

A New Year Is Upon Us

By Susan H. Adelman, MD

May begins a new year. It may not seem that way to you, but it certainly does to me as I start my year as president of MSMS. For all practical purposes, I will be at your service for the next 12 months. Of course my mother will keep asking me if I am planning on doing any surgery in the coming week, and I have to be able to reassure her that I am. Nevertheless, a large amount of my time will be spent working for you.

No matter what mischief the legislature may cook up to aggravate us, I will be there on the MSMS team, fighting the good fight. Whatever the governor's special fact-finder on professional liability may find, MSMS and I will be involved, agreeing, disagreeing, trying to do what you want us to do, to the extent that any of us knows what that is. When business, labor and government come up with their next set of proposals to revamp health care in Michigan, I will be there with MSMS, objecting, supporting, trying to represent you and our patients accurately and with as much vision as possible.

MSMS liaison activities broaden every year. This year we will work more closely than ever with the Michigan Department of Public Health and the Michigan Department of Social Services. We will support efforts to clean up Michigan's air, water and environment, for these are a *sine qua non* for good health. We will work on educating Michigan children about the dangers of chemical dependency, and we will institute programs to educate ourselves, the physicians of Michigan. We must be sure we are prepared to optimally diagnose, treat, prescribe for and refer patients who are chemically dependent. Without educated help from us, and without clear minds, Michigan citizens cannot achieve.

MSMS will publish an educational brochure which I have already initiated, to alert our patients to potential pitfalls in choosing managed care health plans, and all MSMS leaders will be out beating the bushes to educate all of our publics about the real reasons why health care costs are rising. Midland County physicians are making the rounds of the state now, to help other key counties set up voluntary programs to care for the low income elderly, and we will be there to spread out the red carpet for them.

This year you will see MSMS officers at MSMS scientific sessions, and you will see us at county medical society, hospital medical staff, and national meetings. We will be working with Representative Gubow on the coming legislative reforms of physician licensure and discipline. We will continue to act as a resource for AIDS education in Michigan.

Once we add our new staff person in risk management, we will be in the business of acquiring expertise as consultants in practice management. From this it will not be long before we will be able to enhance our skills in the area of managed care.

We are already involved in analysis of and recommending improvements in the new BCBSM contracts and in the new reimbursement plans for Medicaid.

This is what I will be working on in my new year. Now what I need is *you*. Surely if we call you to help out on an issue or on a committee, you can spare some time. If we need letters to legislators, you can write. Obviously we will be working on behalf of all of our patients in the coming elections, and we hope we can count on your help.

Please give us, and give me, your ideas, your time and your support. Tell your non-member colleagues what we are doing all year long for them, so they will pay their dues and join organized medicine. If we need to ask you to do more, we will. After all, we know perfectly well you will do the same to us.

Doctor Adelman is MSMS president.

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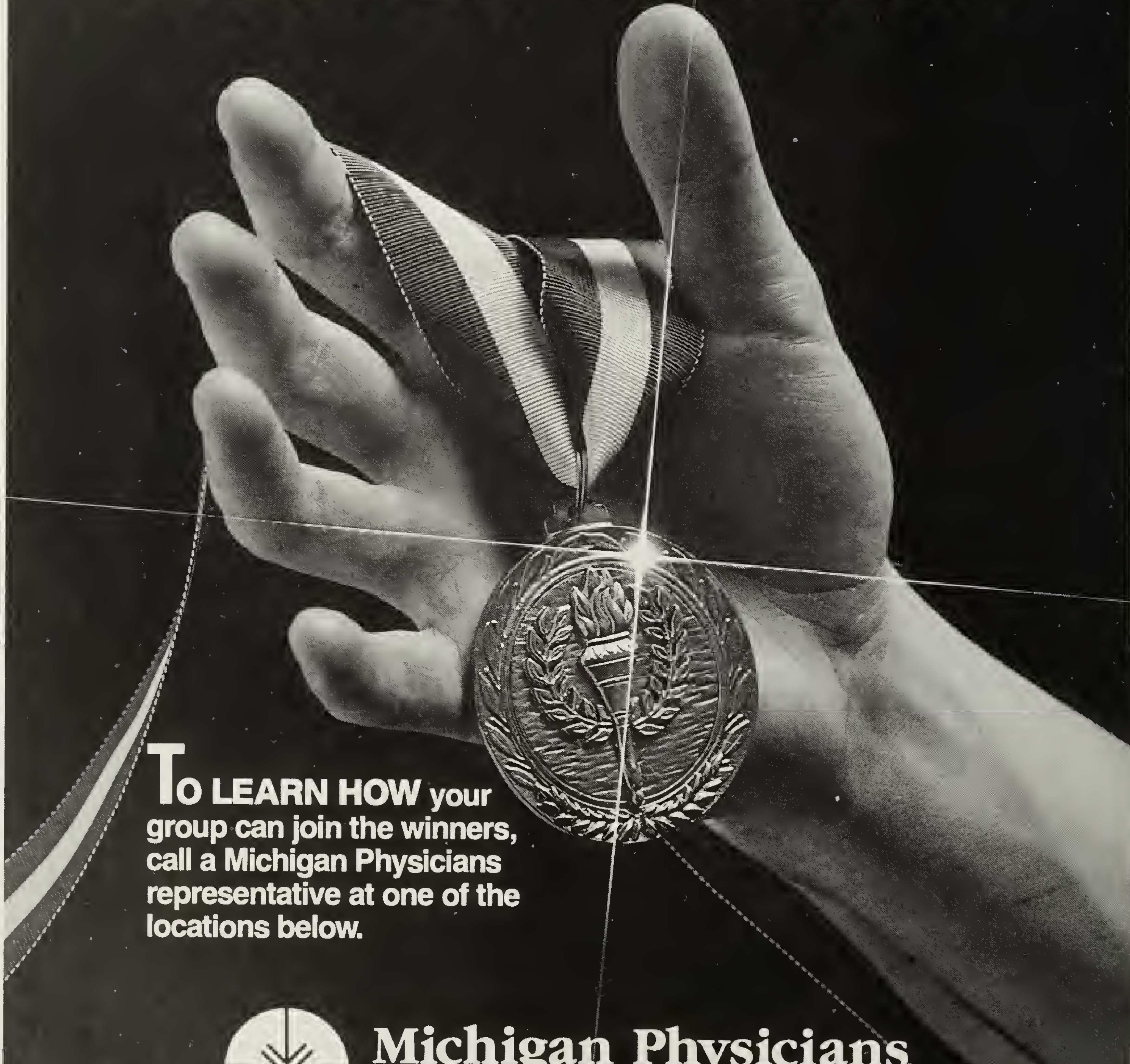

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MICHIGAN MEDICINE

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MSMS has been busy on many fronts over the past year. Activities ranged from launching a major new public relations effort designed "to promote the positive public perception of physicians," to several legislative efforts aimed at improving the medical liability climate in Michigan. A review of all the year's activities is included in the 1989-90 MSMS Annual Report. The 16-page report includes a letter to the members from MSMS Executive Director William E. Madigan; a salute to 1990-91 MSMS officers and board members; a balance sheet and statement of revenues and expenses; and an auditor's report.

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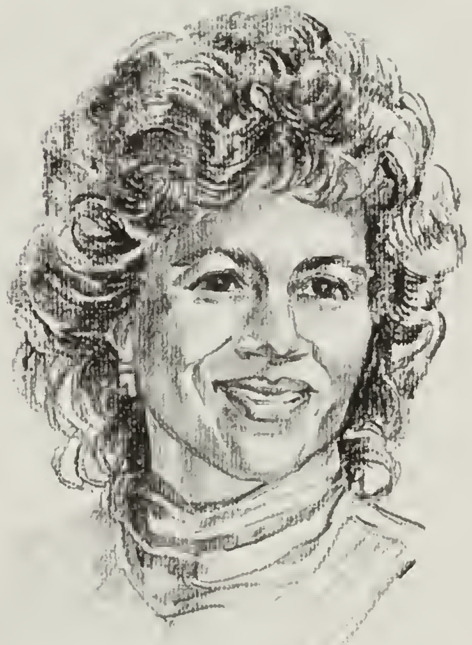
An indepth profile of Susan Hershberg Adelman, MD, the first woman president of MSMS.



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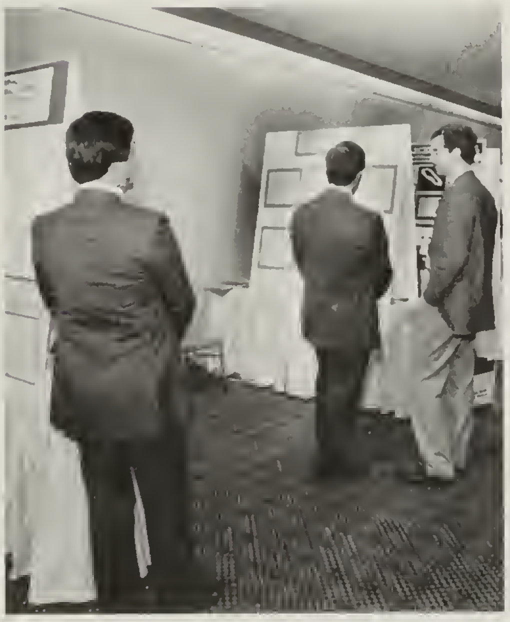

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In next month's issue of *Michigan Medicine*: Environmental Health.

Cover illustration by: *Robert L. Brent.*

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Letters from Our Readers

WSU medical students are taking steps to educate Detroit area youths, adults about STD/AIDS

The need to teach adolescents about the risks and misconceptions surrounding AIDS was documented in the February 1990 issue of *Michigan Medicine*. Approximately 190 first and second year medical students at Wayne State University involved in the STD/AIDS prevention project have realized this need and have taken steps to educate Detroit area youths and adults about AIDS and other STDs in an informal discussion format which emphasizes risks, prevention, and symptoms of these diseases.

The medical students attended a series of training sessions taught by area experts and youth counselors to learn both the most up-to-date information about the diseases and how best to communicate this information to youths in an unintimidating fashion.

The program is funded by a grant from the Michigan Department of Public Health. The group hopes to reach 6,000 youths this 1989-1990 school year. "We have found the students very curious and eager to learn about AIDS," says Brian Sklar, a second year medical student and coordinator of the program. After giving a brief introduction and slide or video presentation about STDs and AIDS, the medical students ask for questions from the audience. The questions often concern means of prevention. "For example," says Sklar, "youths wonder if you can get AIDS from kissing, or from touching an open wound of an HIV-infected person. Students wonder if all brands of condoms are equally protective and whether one might still be at risk for these diseases during sexual intercourse while employing these protective measures." The medical students try to be candid about the risks of contracting all sexually transmitted diseases and emphasize that the best mode of prevention is abstinence from sexual intercourse and IV drug abuse. However, a big part of the program involves reassurance of ways one cannot get AIDS. The medical students try their hardest to dispel myths while illustrating the gravity of the problem.

According to Helen Scott, second year medical student lecturer and program scheduler, the medical students gain benefit by applying knowledge they are learning in classes to people who can really benefit from it. In addition, it affords the students the opportunity to learn to conduct themselves in discussing sensitive issues such as sexuality. Ninety-five percent of the audience the medical students reach is black. Scott tries to include black medical students in the lecture teams to provide role models for the youths. Regardless of race, however, Scott feels that in order to be effective, "any medical student-teacher needs to be both sensitive to his/her audience and comfortable with his/her sexuality."

The program is beneficial to Michigan schools in that it fulfills part of the requirement to teach students about AIDS. There has been great cooperation between the Detroit area schools and WSU medical students. According to Stacy Varner, public school liaison and second year medical student, the single most important accomplishment promoting this relationship was a day-long sex education presentation by medical students to Detroit teachers. "During this meeting every school represented, with one exception, signed up for our program or contacted us at a later date," says Varner.

The WSU program has been successful because it removes barriers of communication between medical students and youths as well as Detroit teachers. The response from the teachers has been favorable and the students often are asked to return. The response from the audience has been one of eager curiosity. The response from the medical students is enormous. The STD/AIDS prevention project is one of the largest medical student organizations and it continues to grow.

Deanna Asker
WSU medical student

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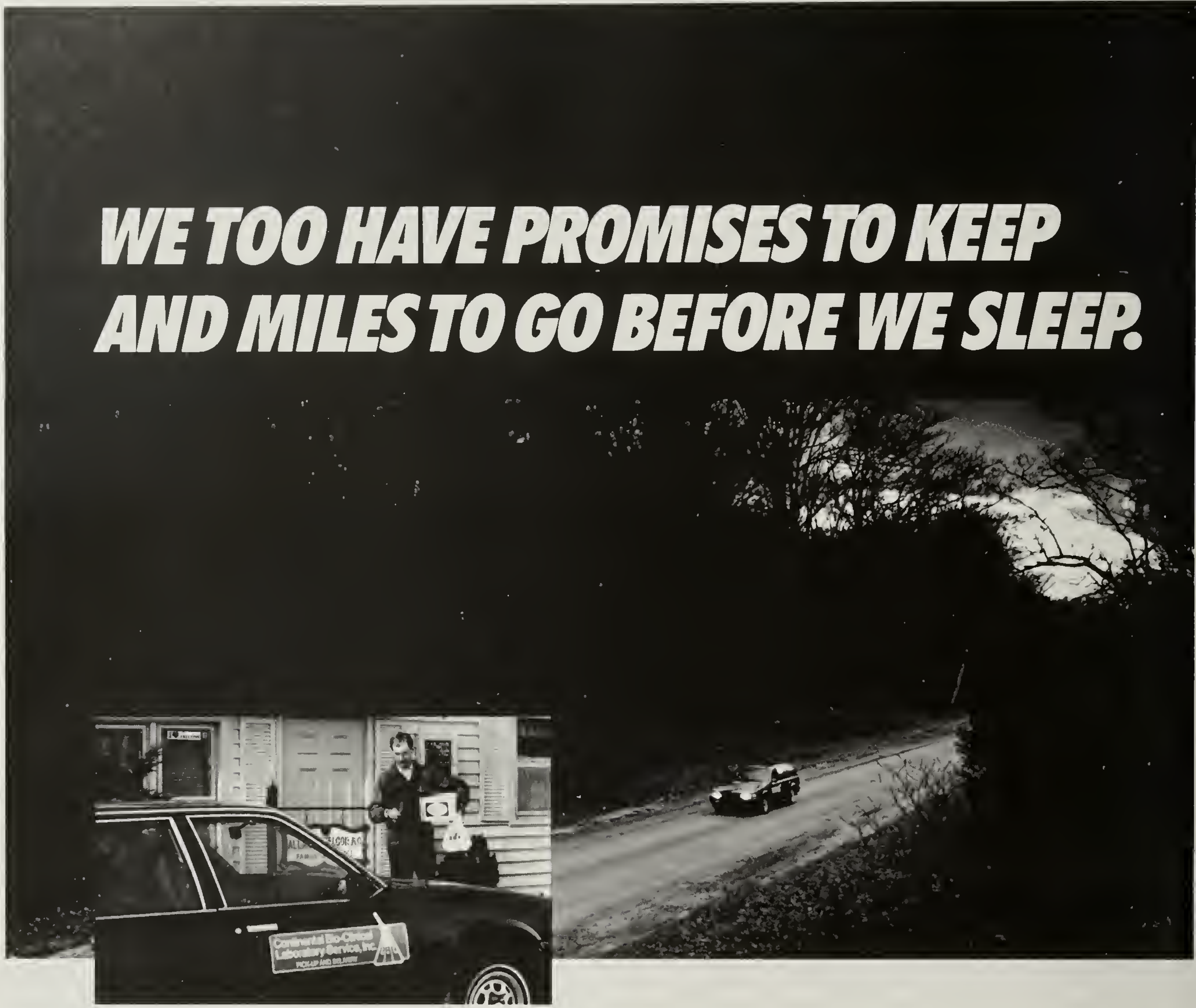
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Innovative options may help prostate patients avoid surgery

Some exciting new alternatives have been discovered for men who suffer from an enlarged prostate, or benign prostatic hyperplasia. Henry Ford Hospital is one of a few centers in the country investigating two innovative treatment options: drug therapy and a non-invasive balloon procedure.

Routine tests show that more than 50 percent of men over 60 have some degree of enlargement of the prostate gland. More than 25 percent of men over 50 suffer from prostate enlargement so severe that it causes great discomfort and requires medical treatment.

The drug study and the balloon procedure may provide effective solutions. The drug therapy, coordinated with Abott Laboratories in Illinois, is being conducted with Hytrin, a brand of terazosin that is normally prescribed to relieve high blood pressure. The drug causes the muscles in the prostate area to relax, thereby relieving some of the obstruction to the bladder. Statistics gathered on a national basis from the past two years have shown that Hytrin has helped to relieve symptoms in about two-thirds of prostate patients.

If nationwide results of the drug study prove to be positive, it is expected Hytrin will receive the Food and Drug Administration's approval in the early 1990s. According to Aaron Kirkemo, MD, a urologist and coordinator of the drug study at Henry Ford Hospital, most patients who are using Hytrin experience some symptomatic relief.

Doctors who are using the balloon procedure are finding similar results. Riad Farah, MD, a urologist at Henry Ford Hospital, has been performing the outpatient procedure since December. He says that patients treated with the balloon also are reporting an improvement in their symptoms. But Doctor Farah says the procedure will be most effective if it is used as a temporary solution.

Doctors Farah and Kirkemo say both the balloon procedure and Hytrin are most effective in treating the disorder during its early stages. More advanced cases usually require surgery.

Doctor Kirkemo currently is recruiting people with early-stage prostates for the drug study. Patients interested in the study should be over 40 and have no other serious health problems. For more information, contact Henry Ford Hospital's Department of Urology at 313/876-7660.

U-M study finds no link between calcium intake and adult bone loss

In one of the first longitudinal studies of the link between adult dietary habits and osteoporosis, University of Michigan researchers have found that higher calcium intake does not prevent bone loss.

The study, begun in 1962, examined the self-reported eating habits — focusing on calcium and phosphorous intake — of 745 adult men and women over a 25-year period. The researchers compared X-ray measurements of the subjects' hand bones taken in 1963-65 and again in 1985 to determine both relative and absolute bone loss over time.

"We found that adults with high calcium intakes didn't lose less bone and that adults with low calcium intakes didn't lose more bone," said Stanley Garn, professor of nutrition, U-M School of Public Health, and a fellow at the Center for Human Growth and Development.

Garn and his colleagues define bone loss as the difference between gain in the outer (subperiosteal) surface of bones and loss in the inner (endosteal) surface. While bone gain continues into the fifties in both sexes, inner loss begins to exceed outer gain in the early forties for women and fifties for men.

While researchers have long thought that women suffer more from osteoporosis than men — due in part to the high fracture rate among women after age 45 — Garn and colleagues found that the amount of bone loss in males is nearly as great as that in females. Men in the study lost an average of eight percent of bone between age 50 and 70, while women lost 12 percent.

According to Garn, recent efforts to prevent osteoporosis have centered on building bigger bones (or increasing outer growth) during young adulthood. In 1989, US Government guidelines increased the recommended daily allowance of calcium for 20-year-old women from 600 to 800 milligrams to 1,200 milligrams. Garn's research suggests that such efforts are ineffective because bone loss is a direct function of bone size.

The study also measured the impact of cigarette smoking, alcohol and the use of antihypertensive drugs and found no correlations between these factors and the amount of bone or bone loss.

In earlier studies, Garn and colleagues had found that entire populations with high calcium intakes, such as Guatemalan Indians, whose diet includes large quantities of maize soaked in limestone water, suffer bone loss comparable to populations that eat a predominantly low-calcium rice-based diet.

Jaundice harmless in healthy babies, Beaumont reports

Babies who are born at full-term and in good health except for signs of jaundice are probably being "overtreated" for the condition and spending unnecessary days in the hospital, according to a new study by pediatricians at William Beaumont Hospital, Royal Oak, and the University of California, San Francisco (UCSF).

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The new research by M. Jeffrey Maisels, MD, chairman, Department of Pediatrics, Beaumont Hospital, and Thomas B. Newman, MD, assistant professor, Pediatrics and Epidemiology, UCSF, is based on their review of more than 25 previous studies on the incidence of jaundice in newborns and the relationship of the disorder to low IQ, neurological problems that affect muscles and reflexes and hearing loss. The analysis included several important studies on this subject that were not widely known because they were published in books not cited in medical literature indexes.

In the study reported at a recent meeting of the Western Society for Pediatric Research, Doctors Maisels and Newman said standard medical practice for the past 20 years has been to treat newborns showing signs of jaundice because the disorder was thought to be a risk factor for brain damage and hearing impairment. However, the new study found no evidence that full-term newborns who are jaundiced, but otherwise healthy, are at higher risk for these problems than other infants.

Among the reasons "overtreatment" of jaundice in healthy babies has persisted, and even began in the first place, Doctor Maisels said, is the evidence from the 1950s that severe jaundice caused brain damage in babies with Rh disease. With current preventive treatment, however, severe Rh disease now is rare, he added.

"There is good evidence that jaundice presents much less risk to well babies than to those with Rh disease. Nonetheless, because of the experience with infants over the past forty years, pediatricians are nervous about jaundice," Doctor Maisels said. "All of us worry when a baby is jaundiced that if we don't treat it aggressively and something happens, the jaundice and hence the doctor will be blamed."

Patients needed for triglyceride, cholesterol study

Adult-onset diabetes is frequently associated with abnormalities in cholesterol and triglycerides.

The William Beaumont Hospital Clinics of Preventive and Nutritional Medicine are conducting a research project to determine the effectiveness of the drug Lopid in reducing triglycerides and increasing good cholesterol in those with diabetes.

To be eligible for the study, candidates must be under treatment for their diabetes with diet or oral medication or insulin. The age of onset of diabetes must be 35 years or older.

The length of the study is seven months.

Those interested in volunteering for the research study should call the Beaumont Clinics of Preventive and Nutritional Medicine at 313/646-6500.

Exercise key to preventing heart disease in overweight teens

Obese teens can cut their risk of developing heart disease as adults by exercising 50 minutes three times a week and moderating their diets slightly, according to a University of Michigan study. "Heart disease actually begins in childhood and develops very slowly," says Victor L. Katch, PhD, of the U-M Division of Physical Education, "so it is important to take preventive steps as early as possible."

According to Katch, people can be classified as obese if they have five percent or more body fat than is normal for their age group. For instance, normal men age 17 to 27 have an average of 15 percent body fat, so 20 percent body fat would be considered obese. Women in the same age group

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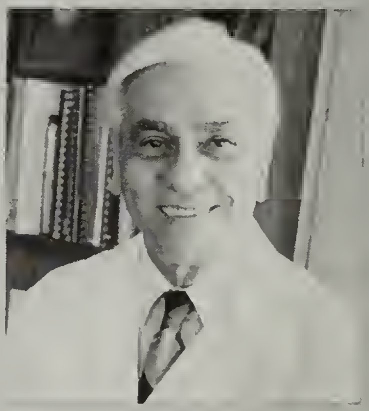
Physicians in the News

Gov. Blanchard honors Carl A. Gagliardi, MD, for his notable medical career



A valued member of the Oakwood Hospital Medical staff and a past president of MSMS, Carl A. Gagliardi, MD, brought his distinguished career to a close with special recognition from Governor James J. Blanchard. Director of medical education at Oakwood Hospital, Dearborn, Doctor Gagliardi received a Certificate of Special Tribute from Gov. Blanchard at his recent retirement party.

Doctor Gagliardi, who has been affiliated with Oakwood since 1957, "has made major contributions to the organization and helped shape the future of Oakwood Hospital and the state of Michigan," stated a recent Oakwood Hospital news release.

Gov. Blanchard's certificate reads, "Indeed, Doctor Gagliardi has made many beneficial contributions to the quality of life within our borders."

Doctor Gagliardi served Oakwood Hospital for 33 years, as chief of Pediatrics from 1964 to 1966 and in his most recent position as director of medical education since 1980.

In addition to his position at Oakwood, Doctor Gagliardi has been very active in the Wayne County Medical Society (WCMS), MSMS, and the American Medical Association.

As past president of both the WCMS and MSMS, Doctor Gagliardi led the 1986 MSMS march on Lansing in an attempt to reform liability laws. This peaceful demonstration with 11,000 participants achieved some reforms.

"There was a point where I became very interested in the societal implication of medicine," Doctor Gagliardi said. "Membership in these organizations is an excellent way to express your political views."

Doctor Gagliardi will retire completely from medicine and plans to concentrate on his many hobbies, including stamp collecting, gourmet cooking, swimming, gardening, and volunteer work. ■

Reuven Bar-Levav, MD, Detroit, is chairman of The Bar-Levav Educational Association, which is sponsoring the 2nd International Colloquium on Advances in Intensive Psychotherapy: "A New Look at Anxiety — Its Causes and Treatment," in Israel next month. Doctor Bar-Levav's book, *Thinking in the Shadow of Feelings*, has recently been released in paperback.

James Heersink, MD, surgeon, is making laser history by being the first physician to successfully perform laser gallbladder

Continued from previous page

removal in the West Michigan region. The procedure, called laser laparoscopic cholecystectomy was performed at Bronson Methodist Hospital.

Anne-Mare Ice, MD, Detroit pediatrician, is the most recent recipient of the Distinguished Service Award presented at The Lula Belle Stewart Center annual awards dinner. Doctor Ice was honored for outstanding community service as a longtime member of the center's board.

John K. Niparko, MD, assistant professor in The University of Michigan Medical Center Department of Otolaryngology-Head and Neck Surgery, is honored with the Clinical Investigator Development Award. Doctor Niparko has been given this award for his work investigating early intervention in hearing disorders.

William E. Powers, MD, radiologist, is resigning from his position as chairman of the department of radiation oncology at Wayne State University and chief of the Gershenson Radiation Oncology Center in Harper-Grace Hospitals of the Detroit Medical Center. He has served as president of the American Society for Therapeutic Radiation and Oncology, and was appointed by Governor Blanchard to serve on the Michigan Radiation Advisory Committee. Doctor Powers has been honored for his contributions to the medical profession and has held many prominent leadership roles during his career.

Stephen I. Field, MD, of St. Claire Shores, is the new president of the 250-member Michigan Dermatological Society. Other newly-elected officers are: **James Rasmussen, MD,** of Ann Arbor, president-elect; and **Andrew Mitchell, MD,** of Livonia, secretary-treasurer.

Continued from previous page

average 25 percent body fat, so 30 percent is obese. Obesity in children can be determined in the same way.

The U-M researcher and his colleagues studied the effects of 20 weeks of dieting, counseling and exercising on 36 adolescents whose body fat averaged in excess of 36 percent. The adolescents were divided into three groups. The first group dieted and received weekly psychological and nutritional counseling. The second group dieted, got weekly counseling and also exercised 50 minutes three times a week. The third group served as controls.

The diets, developed by a nutritionist, were designed for a weight loss of approximately one to two pounds per week. The exercises, which kept heart rates at 60 to 80 percent of the age-predicted maximum (approximately 200 beats per minute), included walking, jogging, swimming, aerobic dance, soccer and other activities that involved continuous movement.

At the end of the 20 weeks, significant differences between the groups had developed. "When we measured the impact of exercise on the total number of coronary risk factors in the diet/exercise group as a whole, we found that the diet/exercise group had improved more than twice as much as the diet-only and the control groups," says Katch.

Coronary risk factors include triglyceride levels, high-density lipoproteins levels, cholesterol levels, systolic blood pressure, dyastolic blood pressure, percentage of body fat and maximum oxygen uptake.

Volunteers needed for new fertility study

Reproductive endocrinologist Charla Blacker, MD, of Hutzel Hospital, Detroit, is looking for infertile women between ages 18 to 44 to participate in a study on fertility. In the study, a small computer called Bio Self will be used to store body basal temperature for three menstrual cycles to determine when a woman is most fertile.

Participants must be in a spontaneous cycle or on the fertility drugs clominphenecitrate (clomed) or pergonal. They must plan to be involved in the study for three menstrual cycles.

To help determine the effectiveness of the Bio Self, the results of this new test will be compared with those from a urine test and an ultrasound, presently used to measure fertility.

For more information on the study, contact Denise Hagan, RN, at 313/577-1022 or 313/577-1066.

U-M, Chelsea Community Hospital to establish drug, alcohol treatment center

University of Michigan Regents recently approved a joint venture between the University and Chelsea Community Hospital to establish and operate a center for the assessment and treatment of adults with alcohol and drug problems.

Plans call for a 36-bed facility with substance abuse care offered on an outpatient, partial hospitalization and residential basis, depending on an individual's needs. A 1991 groundbreaking is targeted, with a projected opening of the new substance abuse residential facility in spring of 1992.

Prior to the opening of the center, to be located on the campus of Chelsea Community Hospital, the program will operate in the existing residential substance facility at Chelsea. The facility will be renovated as part of the project. The center will work with Chelsea Community Hospital's inpatient older adult substance abuse program, its substance abuse satellites in Ann Arbor and Jackson, and U-M outpatient substance abuse programs.

Frederick B. Glaser, professor of psychiatry and director of the U-M alcohol program, will serve as executive director of the new substance abuse center. Ronald Demkowski, director of the substance abuse program at Chelsea, will be clinical director. A board of directors will be appointed by the Chelsea Community Hospital and the U-M.

U-M chemist develops new drug to fight human cytomegalo

A promising new drug to combat human cytomegalovirus (HCMV) that frequently kills patients with AIDS and cancer has been developed by a University of Michigan scientist.

If proven effective in clinical trials, it could become an alternative to ganciclovir — the only antiviral agent currently approved by the US Food and Drug Administration to treat human cytomegalovirus.

HCMV is a common viral infection that usually has no effect on individuals with normally functioning immune systems, but can be fatal to people with impaired immune systems.

The new drug compound was synthesized by Jeffrey Pudlo, a chemistry graduate student in the medicinal chemistry program at the U-M College of Pharmacy. The drug was developed by Leroy B. Townsend, U-M professor of chemistry and medicinal chemistry, and John C. Drach, U-M professor of dentistry and medicinal chemistry.

According to Pudlo, the U-M drug proved more

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effective at inhibiting HCMV and was less toxic than ganciclovir in HCMV-infected cells. In experiments with laboratory mice — conducted by collaborator Earl R. Kern of the University of Alabama at Birmingham — the drug was also more effective than ganciclovir.

Pudlo said the exact mechanism of the new drug's effectiveness against HCMV is unknown. "We're inhibiting the action of some enzyme in the virus involved in DNA synthesis, but we don't know which one yet," he said.

The U-M has applied for a patent on the new anti-HCMV drug compound, and will work with pharmaceutical companies interested in conducting clinical trials in humans. Pudlo's research was funded by the National Institutes of Health.

Beaumont offers program for stroke survivors

William Beaumont Hospital's Department of Speech and Language Pathology is giving stroke survivors something to talk about with the introduction of a concentrated communications skills retraining and enhancement program called the Stroke Survivor Project.

Funded, in part, through a donation from a former Beaumont stroke patient and a matching grant from Michigan Rehabilitation Services, the new program allows stroke patients with speech difficulties to participate in one or more programs designed to enhance communication skills.

Patients who are eligible for Beaumont's new Stroke Survivor Project include those who have the potential to return to work, or those who have already returned to work; patients who have assumed the role of homemaker because their spouses have returned to work; and patients who are living alone.

Stroke survivors who do not meet the Michigan Rehabilitation Services guidelines established for eligibility for the Beaumont Stroke Survivor Project may also apply, as there is limited funding available for stroke outpatients through Beaumont's Speech and Language Pathology Department.

For more information on the Stroke Survivor Project or eligibility guidelines, call Susan Ewing, Beaumont Speech and Language Pathology Department at 313/258-1090.

Workshop on CPT-4 coding to be held in Detroit July 11

A one-day workshop focusing on basic principles of CPT-4 coding will be held July 11 at the Omni International Hotel, Detroit.

Those attending will have the opportunity to learn:

- CPT coding of medicine, surgery, anesthesia, radiology, pathology and laboratory;
- HCPCS national and local codes; and
- Coding for reimbursement.

The workshop's cost is $90. Registration information may be obtained from the American Medical Record Association, 312/787-2672, 919 N. Michigan Ave., Suite 1400, Chicago, IL 60611-1601.

St. Mary's becomes third hospital in state to offer cultured skin grafts

New technology that creates skin to cover a burn victim's wounds is now available at St. Mary's Medical Center, Saginaw. St. Mary's is the third hospital in Michigan to offer this treatment of cultured skin grafts. This procedure has also been completed at Detroit Receiving Hospital and Bronson Hospital, Kalamazoo. ■

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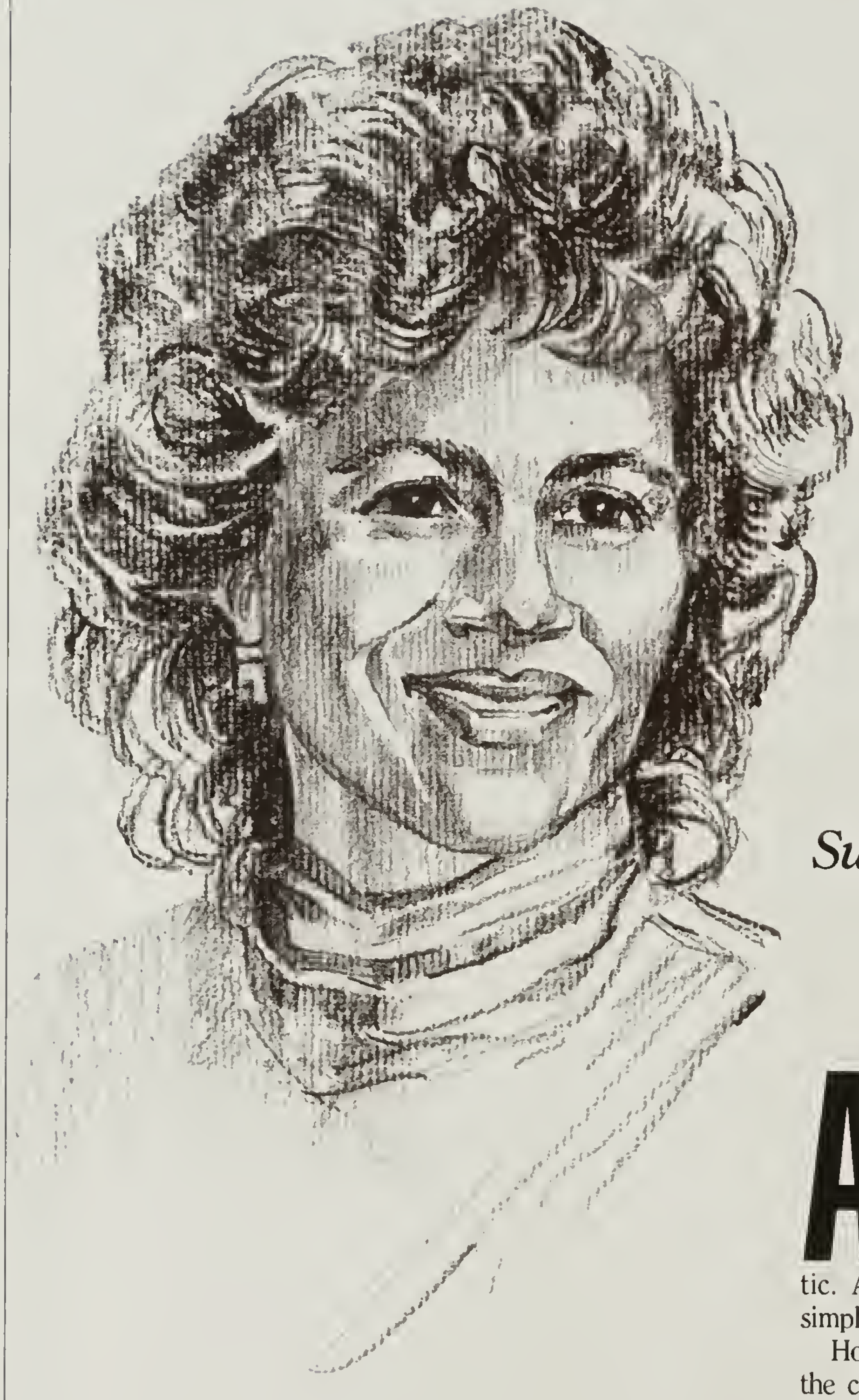

The first woman president of MSMS

Susan Hershberg Adelman, MD

By David K. Fox

A newspaper reporter might start this story with the fact that Susan Hershberg Adelman, MD, is the first woman president in the 125-year history of the Michigan State Medical Society.

That's the news, a break in tradition.

But that's really the wrong angle. It's too simplistic. And Susan Hershberg Adelman, MD, is far from simplistic.

How do you make simple a person who sought to conquer the challenges of high mortality pediatric surgical procedures and, simultaneously, paint and make her own clothing and furniture?

Or a person who organized a credentialing system for an administrative service organization serving a seven-hospital medical center and sculpted a log into a tree house?

How do you make simple a person who doesn't blink when going eyeball-to-eyeball with Blue Cross/Blue Shield of Michigan over the new physician contract and, at the same time, designs jewelry?

Or a person who in the 1960s and 70s helped establish the Jefferies Community Health Center and the Cass Corridor's center for heroin addicted women, and, on the side, created ceramics?

How do you make simple a Jewish person who studies Indian politics, and concurrently, studies Arabic so she can communicate with family members of her Arabic patients in their mother tongue?

Trying to simplify Doctor Adelman is like trying to simplify the job description of an air traffic controller. It can't be done.

It's this diversity of interests, along with the desire and ability to meet challenges and the sheer energy of an activist that has helped propel Susan Hershberg Adelman, MD, to the presidency of the Michigan State Medical Society at a comparatively young age.

A youthful pursuit

It was a youthful pursuit to which Doctor Adelman credits much of her current prominence in organized medicine. That pursuit was writing.

Her ability to express ideas succinctly in writing has earned her recognition. The recognition has led successively to a position on the University of Michigan's *Michigan Daily* while she was an undergrad there, the editorship of the *Detroit Medical News,* an invitation to join the Blue Cross/Blue Shield board, the presidency of the Wayne County Medical Society, contributing editor to *AM News,* chairman-elect of the Surgical Caucus of the AMA, an appointment to the AMA Women's Advisory Council and most recently, the presidency of MSMS.

"I was writing short stories and poems when I was a little kid," Doctor Adelman said. "My English teacher always thought that I would be a writer."

Doctor Adelman credits her writing with her visibility and success in the politics of organized medicine. But a career as a writer was not enough. She sought stronger challenges.

At 17, she came to the University of Michigan to study geology. In the late 1950s, geology, was a "man's" profession. But Doctor Adelman's artistic side was attracted to it because of the color and beauty of gems and minerals.

Two years into school, while painting a sign for a campus activity on the U-M Diag, she caught the eye of Martin Adelman. They hit it off and were married within one year. The Adelmans will celebrate their 30th wedding anniversary in 1991.

It was Martin who urged Doctor Adelman to consider a career in medicine after she finished her undergrad work. She applied to Wayne State University School of Medicine and, in the interim, took several pre-med courses.

During the wait for acceptance, she also took art courses and found her greatest artistic aptitude was in sculpting. There was no doubt when she began medical school, that surgery was the obvious choice of specialty. Again, her medical journal writing on such topics as biliary atresia helped distinguish her in her chosen field of pediatric surgery.

An ambitious agenda

Now that she is president of MSMS, it should surprise no one that Doctor Adelman has an ambitious agenda for the coming year. She has two types of goals, one for the traditionalist in her and one for the activist in her.

First, for the traditionalist in her:

"I want to try to be sensitive to the highest priorities and concerns of the membership and respond to those concerns," Doctor Adelman said. Topics will include professional liability, BCBSM issues, and government and third-party payers.

"In the areas of professional liability, we are the ones pushing for change," she said. "If we want allies in our push for reform of the tort system, we have to show our patients and the major purchasers of health care how the changes we may propose would be more to their benefit and less expensive than the present system.

"If we do not want *mandatory* participation in Medicare or in Blue Cross/Blue Shield, or if we do not want *mandatory* malpractice insurance in this state, we need to show how any or all of these mandates would harm the *public,* not how they will harm us. If we cannot do so convincingly, we will be on shaky ground when we try to make our arguments.

"We want fair compensation for our efforts. If a payer has the right to offer us payment, *we* want the right to negotiate fairly with that payer in order to arrive at our fee."

Second, for the activist in her:

"I want to bring to the attention of the organization and membership certain areas that need our support such as the environment, substance abuse and a variety of public health issues," Doctor Adelman said.

"We must work for a clean, healthy environment in our state, free of preventable health hazards.

"We want clean air, safe drinking water, strict pollution control measures, and safe ways to dispose of solid and hazardous wastes. Medicine should be in the forefront of these efforts. The health of the environment is the health of the people.

"In the next year, MSMS will become partners with our colleagues in public health and enter into the battle to clean up our environment. We challenge the auto industry and the other major manufacturers in Michigan to do the same. We do not want to hear about any of their health care costs until they are doing everything they can to keep from polluting our state and making everybody sick. It might even lower their health care costs.

"We must work to make our patients, our colleagues, and our children free of drugs. We do not want them in jail, we want them educated, in time, about the hazards of drugs. We want them treated in a network of centers that covers our state.

"Next year, MSMS will become actively involved with drug education in the schools. Even closer to home, we will begin an intensive campaign to educate doctors. We hope to build a curriculum and a program to teach all doctors about the diagnosis and treatment of chemical dependence, the proper treatment of affected patients, and how safely and prudently to prescribe pertinent drugs.

"If we do not," Doctor Adelman asked, "who will?"

It is obvious that in the coming years the issues in medicine will become increasingly complex.

It is equally obvious that in the coming year, Doctor Adelman's life is not going to become any simpler.

It makes one ponder the old conundrum: Do extraordinary times make extraordinary people, or do extraordinary people make extraordinary times? ■

David Fox is chief of media relations for MSMS.

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MICHIGAN STATE MEDICAL SOCIETY ANNUAL REPORT 1989-90

Saluting 1990-91 MSMS leaders, and reviewing the year's progress.

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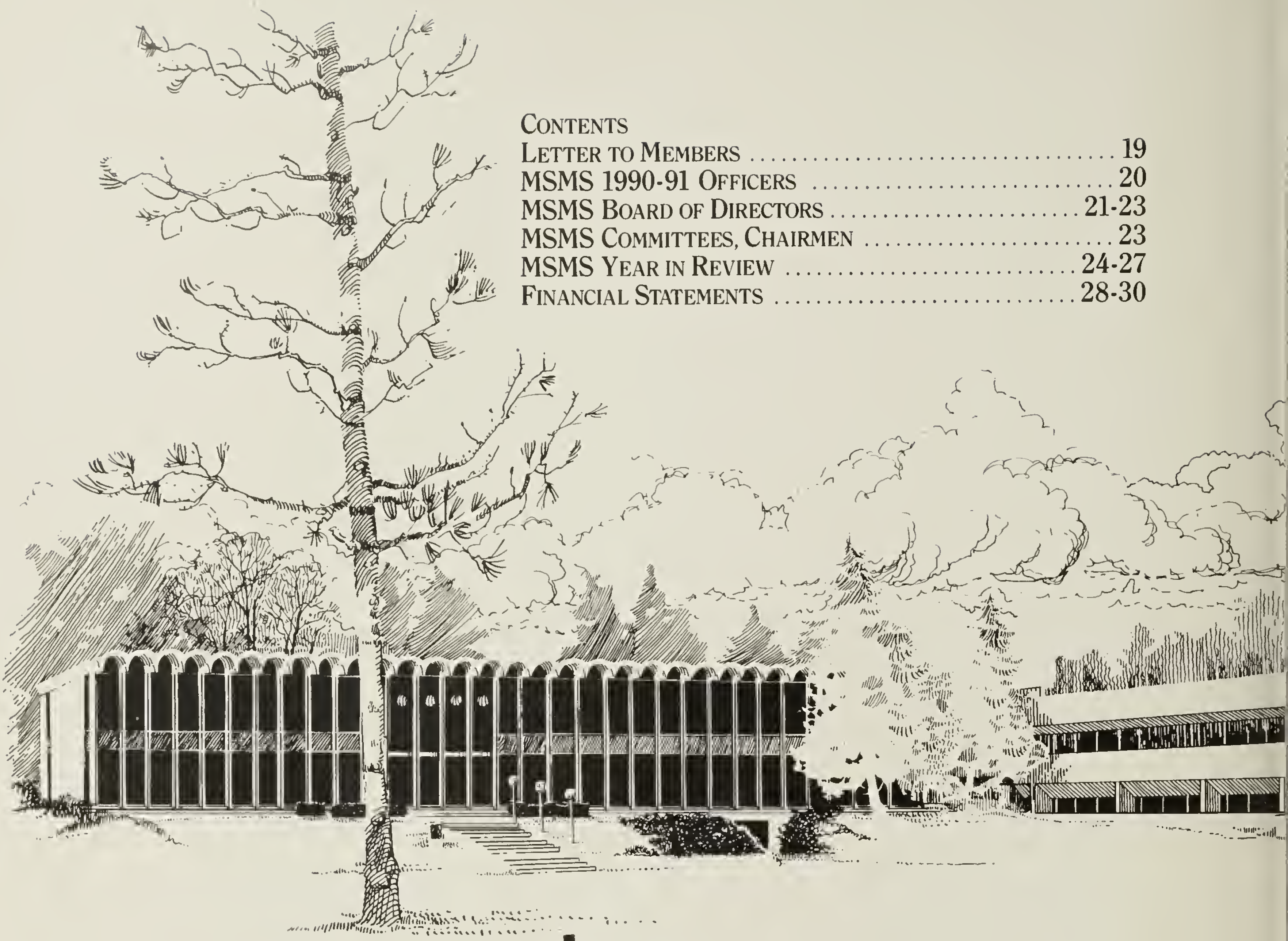


Architect Minoru Yamasaki created a building of unusual design and unique construction to house the Michigan State Medical Society. Combining elegance with utility, the structure's timeless style belies its 1959 construction.

The building stands on an elevation surrounded by three-and-one-half acres of beautifully landscaped grounds. Its 31 gracefully curved, 55-foot-long vaults of pre-cast concrete rest on 64 vertical columns. The columns and side walls are made of quartz aggregate surface concrete. Nearly 80 percent of the exterior of the building is gray non-glare glass. The main structure is 155 feet long, 46 feet wide, and encloses 20,000 square feet of floor space.

A circular drive off Saginaw Street offers access to the raised terrace extending the full length of the building. The off-center front entrance is recessed and opens into a two-story high reception area.

Behind the building, terraced steps rise from the large parking lot to the main entrance. Sheltered by large trees, the rear of the structure is equally imposing as the front.

LETTER TO MEMBERS

I am very proud and excited to present to you the 1989-90 MSMS Annual Report. Proud because the Society accomplished so many of its goals and objectives in 1989. Excited because we are on our way to accomplishing much more in 1990.

This spring MSMS launched the CARING Campaign, a major new public relations program designed "to promote the positive public perception of physicians." The CARING Campaign is a very exciting and important project for MSMS for a variety of reasons. First of all, participants in the focus group discussions MSMS conducted around the state last spring and summer unanimously agreed that, along with professional liability, improving physician image is the number one issue facing us. They — the grassroots membership — not only told MSMS what to do, but how to do it. And so the concept of the CARING Campaign was born.

The CARING Campaign consists of six different projects. They are: (1) Public service annnouncements; (2) A patient health care coverage brochure; (3) A poster/tent card for the physician's reception area; (4) A community relations program; (5) A focus group on chemical dependency; and (6) Community "roundtable" discussions on health care in the 90s.

WILLIAM E. MADIGAN
Executive Director

An important part of the CARING Campaign is the creation of the MSMS Physician Communication Network. MSMS is in the process of training physicians throughout the state to serve as spokespersons for medicine. Once trained, these physicians will stand ready to write to local newspapers on issues negative to medicine, or be interviewed by a local television or radio station on an important medical topic. To date, MSMS has conducted media training workshops in four Michigan counties with a total of roughly 100 physicians in attendance.

I am proud of the CARING Campaign and I am confident it will be a tremendous success. I must say that there are many other accomplishments of which I am proud. Many of them are described in detail in this annual report. I encourage you to study the pages of this annual report and see for yourself what MSMS has accomplished with the help of many committed and dedicated members.

Involvement in MSMS activities is so important. I can't say it enough. So much is going on which affects the practice of medicine in this state. To achieve our goals in the year ahead, MSMS members must get involved. Right now, more than 650 physician members are actively involved in MSMS activities, and an additional 3,800 physicians are involved in our Physician Legislative Network. To these physicians I say thank you and I encourage you to stay involved. To the 6,200 members out there who are not involved, I say the time has come to get involved. The future of medicine in this state depends upon it.

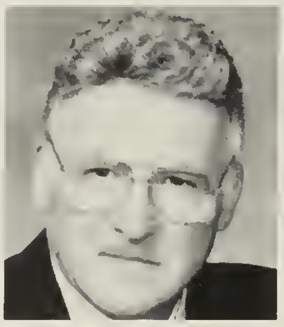
Saluting 1990-91 Officers

Susan H. Adelman, MD
President

Doctor Adelman, *a Detroit pediatric surgeon, is former chairman of the MSMS Liaison Committee with Blue Cross Blue Shield of Michigan; immediate past chairman of the Wayne County Medical Society Board of Trustees; past president of the Wayne County Medical Society; and editor of the Detroit Medical News. A graduate of the Wayne State University School of Medicine, Doctor Adelman is an alternate delegate to the AMA, serves on the AMA's Women in Medicine Advisory Committee and is chairman-elect of the AMA Surgical Caucus.*

Robert D. Burton, MD
President-Elect

Doctor Burton, *a Grand Rapids otorhinolaryngologist, is a graduate of the University of Michigan Medical School. He is chairman of the Michigan Delegation to the AMA, past president of the Kent County Medical Society and currently serves on the MSMS Committee on Federal Legislation. Doctor Burton also is recipient of the 1988 MSMS Flag Award for distinguished leadership.*



Robert E. Paxton, MD
Immediate Past President

Doctor Paxton, *a Fremont family physician, has held numerous MSMS posts, including past chairman of the Board, past chairman of the MSMS Professional Liability Task Force, board member of MDPAC, and president of the MSMS Health Education Foundation. He is a graduate of the University of Illinois Medical School.*

Thomas R. Berglund, MD
Secretary

Doctor Berglund, *a Portage family physician, is past MSMS president and Board chairman. A graduate of the University of Michigan Medical School, Doctor Berglund is past chairman of AMPAC and currently serves as president of the Michigan Physicians Mutual Liability Company.*

Billy Ben Baumann, MD
Treasurer

Doctor Baumann, *a Pontiac clinical pathologist, is vice chairman of the Michigan Delegation to the AMA; president of the board of directors, Physician Service Group, Inc.; member of the board of directors, Michigan Physicians Mutual Liability Co.; and past president of the Oakland County Medical Society and the Michigan Society of Pathologists. He is a graduate of the Washington University School of Medicine, St. Louis.*

Robert D. Allaben, MD
Speaker

Doctor Allaben, *a Detroit surgeon, is a member of the Michigan Delegation to the AMA and is a member of the Board of Trustees of the Transplantation Society of Michigan. In addition, he is a member of the board of directors and is president-elect of the Organ Procurement Society of Michigan. Doctor Allaben received his medical degree from the Wayne State University School of Medicine.*

Gary D. Maynard, MD
Vice Speaker

Doctor Maynard, *a Kalamazoo anesthesiologist, is chairman of the MSMS Hospital Medical Staff Section; vice president of medical services, Bronson Healthcare Group, Inc.; past president and director, Michigan Society of Anesthesiologists; alternate director, American Society of Anesthesiologists; and chairman, Board of Directors, Kalamazoo Healthcare Systems, Inc. He is a graduate of the University of Michigan Medical School.*

Donald K. Crandall, MD
AMA Representative

Doctor Crandall, *a Muskegon general surgeon, is past president of MSMS. A graduate of the University of Michigan Medical School, he is a member of the Michigan Delegation to the AMA and is a member of the AMA Council on Medical Service.*

Board of Directors

Jack L. Barry, MD
Chairman

Doctor Barry, *a Saginaw family practitioner, is chairman of the MSMS Board of Directors. He also is MSMS Board representative to the MDPAC Board. A graduate of the Wayne State University School of Medicine, he is a member of the Board of Directors, Health Plus of Michigan and serves as a medical director for Health Plus.*

W. Peter McCabe, MD
Vice Chairman

Doctor McCabe, *a Grosse Pointe Woods plastic surgeon, has held a variety of posts with MSMS and other professional organizations including vice chairman of the Physicians Insurance Company of Michigan. A past president of the Wayne County Medical Society, he earned his medical degree from Cornell University.*

Robert W. Black, MD, *a Detroit internist, is chairman of the Board of Directors, Michigan Health Care Education Research Foundation and is vice chairman of the Board of Directors, Blue Cross Blue Shield of Michigan. A past president of the Wayne County Medical Society, Detroit Academy of Medicine and the Detroit Medical Club, he received his medical degree from McGill University, Montreal.*

Cathy O. Blight, MD, *a Flint pathologist, is president-elect and member of the Board of Directors of the Michigan Society of Pathologists. She also serves on the Board of the Genesee County Medical Society. Doctor Blight is a delegate to the College of American Pathologists' House of Delegates and an alternate delegate to the AMA for MSMS. She is a graduate of the Michigan State University College of Human Medicine.*

Gilbert B. Bluhm, MD, *a Southfield allergist, is chairman of the MSMS Advisory Committee on Medical Economics, advisor to the MSMS Medicaid Liaison Committee, and is a member of the MSMS Advisory Committee on Communications and Professional Relations. He served as a member of the Governor's Task Force on Cost Containment and also participated with the Blue Cross and Blue Shield of Michigan advisory council on the new Physician Contract. Doctor Bluhm received his medical degree from Indiana University.*

R. Jack Chase, MD, *a Grand Rapids internist, is former chairman of the MSMS Committee on Cost Containment, and is a board member of MDPAC. An alternate delegate to the AMA, he is a member of the board of trustees at the Butterworth Foundation and Butterworth Hospital. He is a graduate of the University of Michigan Medical School.*

Henry M. Domzalski, MD, *a Detroit urologist, is chairman of the MSMS Committee on Publications and the MSMS Advisory Committee on Communications and Professional Relations. A member of the Wayne County Medical Society Board of Trustees, Doctor Domzalski received his degree from the University of Michigan Medical School.*

Lionel E. Dorfman, MD, *a Battle Creek urologist, has held a variety of posts with MSMS and other professional organizations, including member of the MDPAC Board of Directors, and delegate to the MSMS House. He earned his medical degree from the University of Toronto.*

Peter A. Duhamel, MD, *a Rochester general surgeon, is chairman of MDPAC, member of the MSMS Hospital Medical Staff Section Governing Council, and an alternate delegate to the AMA. A past president of Oakland County Medical Society, Doctor Duhamel is a graduate of St. Louis University.*

James L. Fenton, MD, *a Bay City radiologist, is past president of the Michigan Board of Medicine and the Bay County Medical Society. A graduate of the Wayne State University School of Medicine, Doctor Fenton is a member of the MSMS Committee on Publications.*

David H. Gilbert, MD, *a Calumet surgeon, is a gradu-*

ate of the University of Michigan Medical School.

John W. Hall, MD, *a Petoskey urologist, is past chairman of the MSMS Committee on Publications, and heads the Board's Committee on Scientific and Educational Affairs. He is a graduate of the University of Michigan Medical School.*

Carl F. Hammerstrom, MD, *a Marquette pulmonary and critical care specialist, is former chairman of the MSMS Committee on CME Programming. He is a trustee of the Michigan Society of Internal Medicine and of the American Lung Association of Michigan. He earned his medical degree from John Hopkins University.*

David M. C. Hislop, MD, *a Port Huron obstetrician/gynecologist, has been a member of the MSMS Ways & Means Committee for the past three years. A graduate of the University of Glasgow in Scotland, Doctor Hislop has served as an alternate delegate and delegate to the MSMS House for 15 years.*

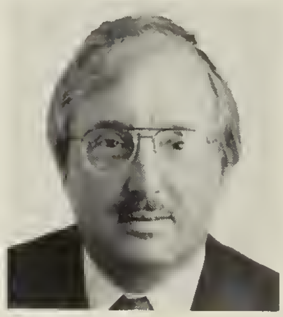
Richard P. Horsch, MD, *a Farmington anesthesiologist, is president of the Michigan Society of Anesthesiologists; past president, Wayne County Medical Society; delegate to the MSMS House; and is associate editor of the Detroit Medical News. He is a graduate of the Wayne State University School of Medicine.*

David J. Millard, MD, *a Paw Paw family physician, has served as a delegate to the MSMS House for more than 25 years. He is former chairman of the MSMS Committee on Constitution and Bylaws, past president of the Van Buren County Medical Society, and former chief medical examiner for Van Buren County. He is a graduate of the University of Michigan Medical School.*

Frederick V. Minkow, MD, *a Bloomfield Hills orthopedic surgeon, is a graduate of the University of Michigan Medical School. He is former chairman of the MSMS Committee on State Legislation and Regulations, past president of the Oakland County Medical Society, and former chairman of the Oakland County Medical Society's legislative committee. He currently serves on the Board of Directors, MPMLC.*

Earl G. Moehn, MD, *a Mount Clemens general surgeon, is past president of the Macomb County Medical Society and is a Fellow of the American College of Surgeons. He has served as chairman of the MSMS Committee on Constitution and Bylaws. Doctor Moehn is a graduate of the Wayne State University School of Medicine.*

Fred E. Patterson, MD, *a Jackson radiologist, is director of radiology at Foote Memorial Hospital. He is former chairman of MSMS Public Affairs/Leadership Conference and is a past president of the Washtenaw County Medical Society. He received his degree from the University of Iowa College of Medicine.*



Thomas C. Payne, MD, *a Lansing diagnostic radiologist, is former MSMS assistant secretary. A graduate of the University of Cincinnati School of Medicine, Doctor Payne is past chairman of MDPAC.*

Krishna K. Sawhney, MD, *a Detroit general surgeon, is vice chairman of the Governing Council for MSMS Section for Graduates of Foreign Medical Schools. He also is director of MDPAC, member of the MSMS Judicial Commission and is a Michigan delegate to the AMA Hospital Medical Staff Section. He graduated from Rajendra Medical College in Ranchi, India.*

Marguerite Shearer, MD, *an Ann Arbor family physician, is medical director of the Huron Valley Physicians Association. A graduate of the University of Michigan Medical School, she is a director of the Michigan Academy of Family Physicians. Doctor Shearer currently heads the MSMS Board's Legislative Policy Committee.*

Willard S. Stawski, MD, *a Grand Rapids surgeon, is a former delegate to the MSMS House and is former president and secretary/treasurer of the Kent County Medical Society. He is a graduate of the University of Michigan Medical School.*

Thomas E. Stone, MD, *a Muskegon urologist, is a former delegate to the MSMS House as well as past president of the Muskegon County Medical Society. He also is past president of MDPAC. Doctor Stone received his degree from the University of Michigan Medical School.*

Charles C. Vincent, MD, *a Detroit obstetrician/gynecologist, is a member of the Detroit Receiving Hospital Board of Trustees; chairman of the Michigan Board of Licensure in Medicine; and former chairman of the MSMS Committee on Maternal and Perinatal Health. He is a past president of the Wayne County Medical Society and currently serves as a member of its Board of Trustees. He is a graduate of Wayne State University School of Medicine.*

B. David Wilson, MD, *a Kalamazoo allergist, is a member of the board of directors, MDPAC. He is an alternate delegate to the AMA and is past president of the Kalamazoo Academy of Medicine and Michigan Allergy Association. A graduate of the Wayne State University School of Medicine, Doctor Wilson currently heads the MSMS Board's Finance Committee.*

Special guests invited to every MSMS Board of Directors meeting are: **Busharat Ahmad, MD,** representing the MSMS Section for Graduates of Foreign Medical Schools; **Brad Eisenbrey, MD,** representing the MSMS Resident Physician Section; **James Ilko, MD,** representing the MSMS Medical Student Section; **Gary D. Maynard, MD,** representing the MSMS Hospital Medical Staff Section; **Patricia Dolan,** representing the MSMS Auxiliary; and **Thomas J. Archambeau, MD,** representing the MSMS Young Physicians Section.

MSMS Committees and Chairmen

Committee on Aging
James G. O'Brien, MD

Task Force on AIDS Education
Frederick W. Bryant, MD

Steering Committee on Program to Assist Impaired Physicians
James L. Fenton, MD

Committee on Awards
Billy Ben Baumann, MD

Committee on Bioethics
Howard A. Brody, MD

Liaison Committee with Blue Cross Blue Shield of Michigan
Gary D. Maynard, MD

Advisory Committee on Communications and Professional Relations
Henry M. Domzalski, MD

Committee on Constitution and Bylaws
Robert Evans, MD

Committee on CME Accreditation
Donald J. Aiken, MD

Committee on CME Programming
David R. Rovner, MD

Liaison Committee with Corporate Medical Directors

Committee on Federal Legislation
Thomas E. Stone, MD

Governing Council, Graduates of Foreign Medical Schools Section
Busharat Ahmad, MD

Governing Council, Hospital Medical Staff Section
Gary D. Maynard, MD

Governing Council, Medical Student Section
Safa Kassab

Governing Council, Resident Physician Section
A. Bradley Eisenbrey, MD

Governing Council, Young Physicians Section
Thomas J. Archambeau, MD

Advisory Committee on Health Care Policy
Fred E. Patterson, MD

Task Force on Health Care for the Uninsured
Marguerite R. Shearer, MD

Committee on Maternal and Perinatal Health
Robert P. Lorenz, MD

Medicaid Liaison Committee
Cecil R. Jonas, MD

Advisory Committee on Medical Economics
Gilbert B. Bluhm, MD

Committee on Medical Licensure and Discipline
Rhoda M. Powsner, MD

Committee on Membership Recruitment and Retention
Dorothy Kahkonen, MD

Liaison Committee with Michigan Department of Public Health
Douglas A. Mack, MD

Michigan Doctors Political Action Committee, Board of Directors
Peter A. Duhamel, MD

Liaison Committee with Michigan Medical Arbitration System
Rhoda M. Powsner, MD

Liaison Committee with Michigan Peer Review Organization (MPRO)
Robert C. Packer, MD

Committee on MSMS Archives
Frederick W. Bryant, MD

MSMS/Michigan Hospital Association Liaison Committee
Jack L. Barry, MD

Committee on MSMS Policy Manual
Frederick W. Bryant, MD

Board of Directors, Physicians Service Group, Inc.
Billy Ben Baumann, MD

Advisory Committee on Office Automation
Jack L. Barry, MD

Planning Committee for Michigan Conference on Maternal and Perinatal Health
John R. Addy, MD
Steve M. Donn, MD

Planning Committee for MSMS Annual Scientific Meeting
Conrad E. Nagle, MD

Task Force on Professional Liability
Thomas E. Stone, MD

Committee on Publications
Henry M. Domzalski, MD

Task Force on Rural Health Care
Frederick W. Bryant, MD

Committee of Specialty Society Presidents
Susan H. Adelman, MD

Committee on Sports Medicine
Perry W. Greene, Jr., MD

Interprofessional Committee with State Bar of Michigan
Jack L. Barry, MD

Committee on State Legislation and Regulations
Mitchell A. Rinek, MD

Committee on Ways and Means
Fred W. Whitehouse, MD

Committee on Concerns of Women Physicians
Dawn E. Springer, MD

MSMS Year in Review

Excerpts from the 1990 Report of the MSMS Board of Directors

COMMUNICATIONS AND PROFESSIONAL RELATIONS

The introduction of the major new MSMS public relations effort, the CARING Campaign, was the highlight of the past year. The Campaign is subtitled, "a program to promote positive public perception of physicians," and had its genesis in a series of member focus sessions convened by 1989-90 MSMS President Robert E. Paxton, MD. Members of these sessions gave top priority to the need to improve their public image. *Time* magazine and *The New York Times* gave impetus to the Campaign with publication of two widely-read articles publicly assessing physicians' problems.

Elements of the Campaign will aid members in reaching out to patients and the public on the grass-roots level. Advisory Committee on Communications and Professional Relations members believe the greatest impact may be achieved one-on-one by individual physicians assisted in their effort by MSMS. Projects underway include spokesperson training of physicians in four targeted counties who will then serve as credible sources for local news media, schools, agencies and community service organizations. Their service may range from a letter to the editor to an interview on television. MSMS is producing six 10-second public service spots for distribution to the state's television stations. A new poster will encourage patients to ask questions of their physicians, while a new brochure will help physicians explain covered benefits of their patients' insurance programs. Other efforts include preparation of a cadre of physicians to convene community roundtable discussions on the effects of health care cost containment upon health care delivery in local communities and the direction of health care in the 1990s.

MSMS has continued to serve as a major resource for news media across the state. President Robert E. Paxton, MD, made a swing through West Michigan communities during the fall in which he visited television and radio stations and newspaper offices in seven communities in three days. The professional liability situation continues to be a focus of many media contacts. Efforts to avert mandatory assignment legislation also were high on the list of Communications support.

Michigan Medicine and *Medigram* continued to provide physicians with information about issues affecting medical care delivery and other news of MSMS members and activities.

MEDICAL LIABILITY

Alternative to Tort

The Board voted on March 14 to seek legislative approval of the "Medical Liability Determination Act," an alternative plan for resolving medical liability claims. The proposed legislation is based on a model by the Physician Insurers Association of America. It combines a determination of fault, made either by the courts or via a new administrative mechanism, with a schedule of damages that would apply in either instance.

Specifically, the proposal would create a Medical Liability Determination Board. The plaintiff could choose to either file a complaint with the Board, or institute a civil action in court. If and when the fault is determined either by the Board or the court, the plaintiff is entitled to benefits as defined in the Act. These include:

- Attorney fees at a reasonable hourly rate capped at 25 percent of all other benefits if fault is determined and at one third this rate if the defendant is found blameless.
- Lost income – 70 percent of lost income capped at four times the state average weekly wage, approximately $80,000 per year.
- Compensable dependent care - actual costs capped at the state average weekly wage, approximately $20,000 per year.
- Medical expenses that are reasonable and necessary as incurred.
- Rehabilitative and occupational training as is reasonable in relation to probable rehabilitative effects.
- Non-economic loss payable only for permanent or severe temporary impairment (at least 180 days in duration) capped at approximately $10,000 times the number of years of remaining life expectancy.
- Death benefits capped at approximately $200,000.
- Lost income and compensable dependent care will be paid to a surviving spouse for up to seven years and to a dependent minor until age 18.

Governor's Medical Liability Factfinders

MSMS is working closely with the Governor's medical liability factfinders to accumulate accurate data on the liability situation in Michigan and to develop solutions that will include alternatives to the tort system.

The factfinders, Robben Fleming and Jay Rosen, released a 13-page memo February 27, 1989, recommending solutions to the states medical liability problems. The memo calls for an expanded system to assure that Michigan physicians maintain their skills, for continued development of risk management programs, for a new state agency to increase the efficiency of the adjudication system, for significant changes in the tort system, for limits on awards, for mandatory insurance, and for limits on insurer profitability.

Health Policy Agenda/Michigan Patient Compensation Fund Demonstration Project

The Project Steering Committee is pursuing a no-fault system to compensate infants with birth-related neurological injuries. The Committee is working on a program for Michigan that is similar to the Florida and Virginia programs. The Michigan program, however, will be broader and cover cerebral palsy.

Professional Liability Coverage for Medicaid Obstetrical Care

MSMS is working with the Department of Social Services and the Department of Public Health to develop a State Legal Expense Fund, similar to that currently operating in Missouri. The fund extends governmental liability coverage to health care providers when they are rendering prenatal and obstetrical care under contract with the state. MSMS is currently seeking a sponsor for legislation to establish a legal expense fund in Michigan.

Risk Management

MSMS, along with the Michigan Physicians Mutual Liability Company (MPMLC), sponsored risk management seminars throughout the state in the spring and summer of 1989. These seminars were attended by over 900 physicians. Insured physicians from both MPMLC and Physician Insurance Company of Michigan (PICOM) who attended the seminars, were eligible for premium discounts.

The new 1990 MSMS/MPMLC Risk Management Seminars began March 28 in Lansing and will be continued throughout the state. The 1990 program is designed to increase knowledge and enhance skills in many areas including arbitration, mediations and litigation. Physicians who attend will earn premium discounts.

Limited Immunity for Emergency Care

Senate Bill 323, introduced by Senator John Schwarz (R-Battle Creek) would provide limited immunity for health professionals when providing emergency care in a hospital until a voluntary physician-patient relationship is established. The bill is still in the Senate Judiciary Committee. MSMS supports SB 323 and is working with the Michigan Chapter of the American College of Emergency Physicians, the Michigan Hospital Association, and Senator Schwartz to have a hearing scheduled on the bill. SB 323 is strongly opposed by the trial lawyers and the State Bar of Michigan.

Physician Licensure and Discipline

After holding a number of meetings and hearing from representatives of many organizations including MSMS, the Special Ad Hoc Committee on Physician Licensure appointed by Speaker Dodak has concluded that the existing system for licensing and disciplining health care professionals should be restructured. The Special Ad Hoc Committee is recommending that two separate processes be established for licensing and disciplining all licensed health care professionals in Michigan. The existing licensing boards would continue to function separately for each licensed health care professional and would be responsible for licensing and continuing education requirements. The discipline process would be combined for all health professionals, under the Department of Licensing and Regulation, and would consist of the following steps:

1. An investigation of complaints and a recommendation for action by the Department of Licensing and Regulation staff.
2. A mandatory settlement conference.
3. A formal hearing conducted by a regional panel consisting of two licensees from the same profession as the licensee under investigation and an attorney.
4. A final review of disciplinary actions by a new state discipline board consisting of five public representatives and two licensees.
5. An appeal to the Court of Appeals.

The Committee also is recommending an increase in the investigative staff of the Department of Licensing and Regulation. The increased costs would be paid for by increasing the license fee of all health professionals.

MSMS PRIORITIES FOR 1990

At its May 4, 1990, meeting, the Board of Directors considered approval of a list of MSMS activity priorities for 1990. To reinforce the importance of this list, a detailed brochure outlining each was inserted into the April 17, 1990, *Medigram.*

An abbreviated version of the MSMS PRIORITIES FOR 1990 follows. Additional copies of the complete brochure will be available through the Department of Communications and Professional Relations.

Patient Advocacy

MSMS will work in 1990 to help others involved in health care delivery and reimbursement understand what we have always known, that our patients' needs are the priority. Our new benchmark study, "Improving Michigan's Health Care System: Beyond Cost Containment to Serving Patients' Needs," emphasizes this point as does a new major initiative, the MSMS "CARING Campaign — A Program to Promote Positive Perceptions of Physicians." These two projects are part of the MSMS commitment to put our patients in the center of the health care delivery system.

Professionalism, Community Service and Quality of Care

Continuing medical education to help keep physicians up-to-date always will be an MSMS priority. The MSMS Annual Scientific Meeting, the annual MSMS Conference on Maternal and Perinatal Health and the annual Conference on Sports Medicine will draw more than 1,400 physicians and 600 nurses, students, technicians and other health care professionals, providing more than 11,000 hours of Category I CME credit to physicians.

Community service will continue to be emphasized and rewarded by MSMS in 1990.

MSMS supports the development of practice parameters under the direction of physician organizations to help assure only appropriate, high quality medical services are provided.

Health Care Cost Containment

The MSMS Board of Directors commissioned an independent report to look at the effects of past cost containment activities on our patients and to make suggestions for the direction of health care in the 1990s. The report concludes that the true bottom line is the health of our patients, not purchasers' payments or providers' revenues. MSMS will undertake a grassroots effort to set up community "roundtable" discussions about health care focused on this report, "Improving Michigan's Health Care System: Beyond Cost Containment to Serving Patients' Needs."

Chemical Dependency

A major initiative for 1990 will focus on preventing and treating drug abuse in Michigan through a variety of avenues. Discussions currently center on providing physicians statewide with information on recognizing early signs of drug abuse or addiction, on treatment protocols, treatment facilities and appropriate follow-up care. MSMS will encourage medical schools to expand curricula in drug abuse, prevention and treatment. Publicly, MSMS will work to educate vulnerable populations, particularly children, and to promote hospital-based programs for treating addicted mothers and infants.

Non-Dues Income

MSMS will continue to improve its financial base by enhancing non-dues income. Hagadorn, Inc., a joint venture with MPMLC, will see its new 88,000 square-foot office building completed this year. The project is designed to provide long- term real estate investment income.

Physician Service Group, Inc., and the Physician Review Organization of Michigan, wholly-owned subsidiaries of MSMS, will continue to increase non-dues revenue. These activities already generate 40 percent of MSMS revenues.

LEGAL ACTIVITIES

Alternatives to the tort system continue to be studied. The Michigan Medical Liability Determination Act, derived from the Physician Insurers Association of America model, was drafted for application in Michigan. This is a fault-based administrative alternative with substantial procedural and damage reform provisions.

Legal analysis, advice and drafting relative to legislation affecting physicians was ongoing. This included legislation covering chemically-dependent physicians, emergency treatment immunity and medical licensure and discipline.

The Michigan Supreme Court adopted the arguments asserted by MSMS in its amicus curiae brief filed in *Palenkas* v *Beaumont Hospital,* favorably changing the law relative to remittitur. Amicus curiae briefs have been filed in support of the arguments that physicians who communicate with other treating physicians by telephone, without establishing a physician-patient relationship, have no malpractice exposure, *Hill* v *Hole,* and that patients and their family members have the right to determine life support medical treatment, *In re Rosebush.* In other cases in which MSMS filed amicus curiae briefs, the Supreme Court refused to overrule a decision which bars the attorney for a malpractice defendant from privately interviewing the plaintiff's treating physicians, *Jordan* v *Sinai Hospital,* and in *Manusco* v *Burns Clinic,* the Supreme Court refused to review a Court of Appeals decision recognizing a "pre-conception tort." In *Palazzo* v *Teasdale,* in which MSMS argued that electromyography is an inherently diagnostic procedure which constitutes the practice of medicine and is outside the scope of physical therapy licensure, a favorable settlement precluded a decision.

Legislation protecting qualified retirement plans from bankruptcy has been under attack. Some bankruptcy judges in other jurisdictions have held that such legislation is pre-empted by ERISA, and others have held to the contrary. A case is pending in the Federal District Court in Detroit on this issue and Legal Counsel will file an amicus curiae brief on behalf of MSMS in support of the validity of the Michigan pension protection legislation.

Information has been disseminated to MSMS members with respect to the National Practitioner Data Bank. Of particular significance is the potential effect of the Data Bank on the MSMS Judicial Commission and component society peer review proceedings.

An insurance agent/administrator agreement was negotiated, drafted and executed between MSMS and Stratton-Cheeseman & Associates, Inc., creating a legal relationship relative to MSMS-sponsored insurance programs. Under the agreement, MSMS will receive royalties for endorsing such sponsored programs.

Discovery and related proceedings continued in the chiropractic antitrust litigation. The case is scheduled for trial late this year.

The federal tax case is ongoing. The MDPAC issues are pending before the IRS national office in Washington awaiting a Technical Advice Memorandum. The issues relating to the disallowance of losses attributable to *Michigan Medicine* as deductions against unrelated business income are pending before the Appellate Division in Cleveland. Legal Counsel has filed briefs in both forums.

Legal Counsel has provided analysis and advice relative to the proposed new BCBSM Physician Provider Contract and has worked with MSMS leadership in expressing MSMS's views to BCBSM regarding the contract.

PHYSICIAN EDUCATION

MSMS continues to play a major role in the education of physicians and many allied health professionals through the presentation of conferences and seminars, through its publications and through an expanded program of jointly-sponsored CME activities with other medical groups. Programs in 1989 covered nearly every medical specialty and scientific subjects offering Category I Credit, as well as many topics on leadership, financial matters and practice management.

The MSMS Annual Scientific Meeting, the annual Michigan Conference on Maternal and Perinatal Health and the MSMS Conference on Sports Medicine drew a total attendance of about 1,400 physicians and 600 nurses, trainers, students, technicians and others involved in the health care field. These annual conferences alone provided over 11,000 hours of Category I CME credit to physicians. MSMS also jointly sponsored 22 CME meetings and seminars with specialty societies, county medical societies and medically-related organizations which awarded nearly 3,000 Category I credit hours to physicians.

The MSMS Committee on CME Programming cooperated in the AIDS Provider Education Project which scheduled speakers from the MSMS AIDS Speakers Bureau all across Michigan and has provided guidance to the Physician Service Group, Inc., as seminars have been developed on risk prevention and improved patient relations and communication. The Committee also was instrumental in helping the planning committees for MSMS meetings develop new teaching methods and encouraged different formats for learning.

MSMS, in cooperation with the AMA and PSG, presented many seminars for residents on setting up practice, for practicing physicians and their staff on office management and also on marketing and financial matters.

AIDS PROVIDER EDUCATION PROGRAM

The MSMS AIDS Provider Education Program, operating for the fourth year under a contract with the Michigan Department of Public Health, continues to play an important role in the Michigan response to AIDS. Two activities, the MSMS AIDS Speakers Bureau and the AIDS Medical Information Network, are prominent services provided through the program. Both are available at no cost to all health professionals in Michigan.

In addition, MSMS has published a 100-page resource guide, *A Physician's Guide: AIDS/HIV in Michigan.* Over 20 Michigan agencies, including MDPH and the East Central AIDS Education and Training Center (ECAETC), cooperated in its development. A free copy of the guide has been mailed to every Michigan physician. The AIDS Education Program will continue to offer resources to component medical societies about AIDS, and will sponsor again this year a course on AIDS at the MSMS Annual Scientific Meeting.

BCBSM ACTIVITIES

In implementing a series of recommendations from a special consultant group to BCBSM, a Physician's Advisory Council was created by BCBSM. Five MSMS physicians serve on this Committee which began in May, 1989, and met several times in the summer and fall of 1989.

The MSMS/BCBSM Liaison Committee has met five times thus far to review individual complaints with BCBSM and facilitate their resolution. In addition, MSMS staff provided information to and directly assisted many physicians in resolving reimbursement problems with BCBSM regular business and with Medicare, for which BCBSM serves as the Part B carrier.

On September 1, 1989, BCBSM met with various Western Michigan legislators and physicians in Grand Rapids. Several additional meetings were developed from this original gathering to set in place a structured and time sequenced forum in an attempt to resolve provider and patient problems with BCBSM. This forum will continue until June 1990 in the form of a "Special BCBSM Committee."

In addition to extensive *Medigram* and *Michigan Medicine* coverage, two special mailings were made to all component society presidents and executive directors regarding MSMS/BCBSM activities. Nine Focus Group meetings between component societies and BCBSM regarding the new proposed Provider Contract were coordinated through the MSMS/BCBSM Liaison Committee.

STATE LEGISLATION

During the 1989-90 legislative year, mandatory Medicare assignment continues to be a major issue before the Legislature. MSMS has actively opposed legislation which would require Michigan physicians to accept assignment on all Medicare claims. MSMS continues to urge the Legislature to consider a voluntary Medicare assignment program, similar to one which has been established in Midland County. On May 10, MSMS will be hosting a special Capitol Visitation Program which will bring physicians and spouses to the State Capitol to discuss the mandatory Medicare assignment issue. MSMS will continue to aggressively oppose legislation that mandates Medicare assignment.

In an effort to seek further reform to the current professional liability insurance problem, several pieces of legislation were introduced at the behest of MSMS. These bills, designed to improve the reforms passed by the Legislature in 1986, include removing several of the exceptions placed of the non-economic damage limitation, reducing the statute of limitations for minors, allowing countersuits to be filed against the attorneys of individuals who have filed frivolous lawsuites, providing immunity for emergency for medical care in the hospitals, and placing stricter qualifications on expert witnesses. MSMS will continue to actively pursue its legislative agenda in an effort to reform the current liability situation in Michigan.

There seems to be a growing consensus in the legislative arena that relief from the high cost of medical liability insurance can only be accomplished through the study of non-tort alternatives. Responding to this awareness, MSMS is currently working to have legislation introduced which would establish a new "at fault administrative model" for resolving medical disputes. Also, MSMS has worked to have legislation introduced that will allow health insurers to offer health care policies with finding arbitration provisions. MSMS has also been successful in the appointment of a medical malpractice fact finder, Robben Fleming, to further study changes and/or alternatives to the medical liability insurance system. MSMS will continue to seek ways to improve the medical liability insurance climate in Michigan.

In February 1989, Speaker of the House Lewis Dodak appointed a special House Ad Hoc Committee on Physician Licensure and Discipline to study the current physician licensing and disciplinary system in Michigan. Recently, the special House Ad Hoc Committee released its findings in regards to reforming the current Michigan Board of Medicine process. The report recommends that a new discipline board be created. MSMS will continue to closely monitor the activities of the House Ad Hoc Committee as legislation is introduced.

MSMS continues to monitor attempts by non-physician groups to expand their scope of practice and/or gain licensure in the State of Michigan. Thus far, MSMS has been successful in delaying any action on legislation which would expand the scope of practice for optometrists. MSMS is also closely monitoring legislation which would license acupuncturists, dietitians, radiologic technologists, social workers, and respiratory therapists. Legislation has also been introduced which would expand the scope of practice for chiropractic; however, MSMS anticipates that no action will be taken on this legislation this year.

Throughout the 1989-90 year, MSMS was active in legislative and administrative discussions about the disposal of infectious medical waste. Through the efforts of MSMS, a package of bills was passed aimed at providing a tighter regulation of the handling and disposing of infectious medical waste.

MSMS also has worked with key lawmakers to gain successful passage of legislation to restrict the use of anabolic steroids in Michigan. This legislation stiffens penalties for the illegal possession, manufacture, and distribution of anabolic steroids.

In following the direction of the House of Delegates, MSMS was successful in gaining passage of legislation to regulate and promote safe use of all-terrain vehicles (ATV's) in Michigan. Through the efforts of B. Elliot Grysen, MD, MSMS has been successful in the development and utilization of a mass media campaign promoting and educating people on the safe use of ATV's.

MSMS continues its efforts to increase awareness and participation by MSMS members in the state legislative process. MSMS physicians have demonstrated an increased ability to affect legislation as it relates to the medical community.

LIAISON WITH OTHER ORGANIZATIONS

MSMS continues to emphasize the importance of ongoing liaison with a number of statewide organizations. The emphasis on organization liaison is designed to seek out those issues and areas in which MSMS and other organizations can have a joint impact. During 1989 MSMS worked with a number of organizations to achieve solutions in the professional liability climate, Medicaid reimbursement environment, public health issues, and in the area of protecting physicians' personal assets in the case of bankruptcy. MSMS meets regularly with the Michigan Hospital Association, Michigan Dental Association, Economic Alliance for Michigan, the State Bar of Michigan, the Michigan Association of Osteopathic Physicians and Surgeons, the Michigan Council of Deans and the Michigan Board of Medicine. MSMS also meets periodically with the Michigan Pharmacists Association and the Michigan Nurses Association. MSMS has also been very pleased with the results of its meetings with a number of the statewide specialty society organizations representing specialists in Michigan. ■

BALANCE SHEET

Michigan State Medical Society

November 30, 1989

ASSETS	Operating Fund	Capital Reserve Fund	Creative Reserve Fund	Gifts and Endowment Fund	Mortgage Debt Retirement Fund	Total
CURRENT ASSETS:						
Cash and cash equivalents	$1,341,370	$ 61,854	$171,847	$ 16,208	$ 746	$1,592,025
Short-term investments (Notes A and B)		666,976	229,700	87,274		983,950
Accounts receivable (Notes A and F):						
Group Insurance Trust			7,218			7,218
Michigan Doctors Political Action Committee	5,041					5,041
Advertisers and other	189,398		77,203			266,601
Due from (to) other funds	91,867	(66,168)	(25,699)			-0-
Due from unconsolidated subsidiary	6,231					6,231
Accrued interest receivable	4,121	3,023				7,144
Prepaid expenses	52,526	429	11,822			64,777
TOTAL CURRENT ASSETS	$1,690,554	$ 666,114	$472,091	$103,482	$ 746	$2,932,987
LONG-TERM INVESTMENTS (Notes A and B)		150,986		20,039	794,997	966,022
INVESTMENT IN UNCONSOLIDATED SUBSIDIARY (Note A)		694,252				694,252
RESTRICTED CASH	1,200					1,200
PROPERTY AND EQUIPMENT (Notes A, C, and D)	2,241,179	167,369				2,408,548
	$3,932,933	$1,678,721	$472,091	$123,521	$795,743	$7,003,009

LIABILITIES AND FUND BALANCES	Operating Fund	Capital Reserve Fund	Creative Reserve Fund	Gifts and Endowment Fund	Mortgage Debt Retirement Fund	Total
CURRENT LIABILITIES:						
Accounts payable (Note F):						
American Medical Association	$ 194,140					$ 194,140
County medical societies	125,714					125,714
Trade	210,070		$ 38,363			248,433
Accrued liabilities	84,699		8,822			93,521
Prepaid dues	248,482					248,482
Deferred revenue			30,041			30,041
Accrued interest due to (from) other funds	(39,699)		39,699			-0-
Current portion of notes due to (from) other funds	(30,000)		30,000			-0-
Current portion of long-term debt (Note D)	28,316					28,316
TOTAL CURRENT LIABILITIES	$ 821,722	$ -0-	$146,925	$ -0-	$ -0-	$ 968,647
LONG-TERM DEBT, less current portion:						
Due to (from) other funds	(375,000)		375,000			-0-
Mortgage payable (Note D)	1,387,109					1,387,109
FUND BALANCES	2,099,102	1,678,721	(49,834)	123,521	795,743	4,647,253
	$3,932,933	$1,678,721	$472,091	$123,521	$795,743	$7,003,009

STATEMENT OF REVENUES AND EXPENSES

Michigan State Medical Society

November 30, 1989

	Operating Fund	Capital Reserve Fund	Creative Reserve Fund	Gifts and Endowment Fund	Mortgage Debt Retirement Fund	Eliminations	Total
REVENUES:							
Dues – membership	$2,973,465						$2,973,465
Dividends and interest	294,112	$ 39,267	$ 20,686	$ 7,575	$84,985	$135,530	311,095
Michigan Medicine Magazine:							
Advertising	123,270						123,270
Subscriptions	15,733						15,733
Administration and physician education	264,757						264,757
Government relations	227,211						227,211
Finance and operations	132,750						132,750
Dues collection fees (Note F)	21,751						21,751
Gain on sale of investments (Note A)		85,445	17,617	1,678			104,740
Automobile rental income		61,707					61,707
Rental income	365,745					80,482	285,263
PSG services to medical practitioners			967,318			20,100	947,218
PROM peer review services			404,604				404,604
Other	278,077					31,774	246,303
	$4,696,871	$186,419	$1,410,225	$ 9,253	$84,985	$267,886	$6,119,867
EXPENSES:							
Office of the directors	$1,022,705		$ 18,000				$1,040,705
Administration and physician education	580,241	$ 12,146	30,500	$5,000		$ 20,100	607,787
Communication and professional relations	657,635						657,635
Medical economics	103,017						103,017
Government relations	643,024						643,024
Hospital physician relations	132,057						132,057
Finance, member services and operations	1,560,222	61,727					1,621,949
PSG services to medical practitioners			859,830			77,425	782,405
PROM peer review services			332,546			80,361	252,185
Interfund dividends			90,000			90,000	–0–
	$4,698,901	$ 73,873	$1,330,876	$5,000	–0–	$267,886	$5,840,764
REVENUES OVER (UNDER) EXPENSES BEFORE NET LOSS OF UNCONSOLIDATED SUBSIDIARY	$ (2,030)	$112,546	$ 79,349	$ 4,253	$84,985	$ –0–	$ 279,103
NET LOSS OF UNCONSOLIDATED SUBSIDIARY		(26,281)					(26,281)
REVENUES OVER (UNDER) EXPENSES	$ (2,030)	$ 86,265	$ 79,349	$ 4,253	$84,985	–0–	$ 252,822

We have audited the accompanying consolidated balance sheet of Michigan State Medical Society and subsidiaries as of November 30, 1989, and the related consolidated statements of revenues and expenses, changes in fund balances, and cash flows for the year then ended. These financial statements are the responsibility of the Society's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with generally accepted auditing standards. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Michigan State Medical Society and subsidiaries as of November 30, 1989, and the results of their operations and their cash flows for the year then ended in conformity with generally accepted accounting principles.

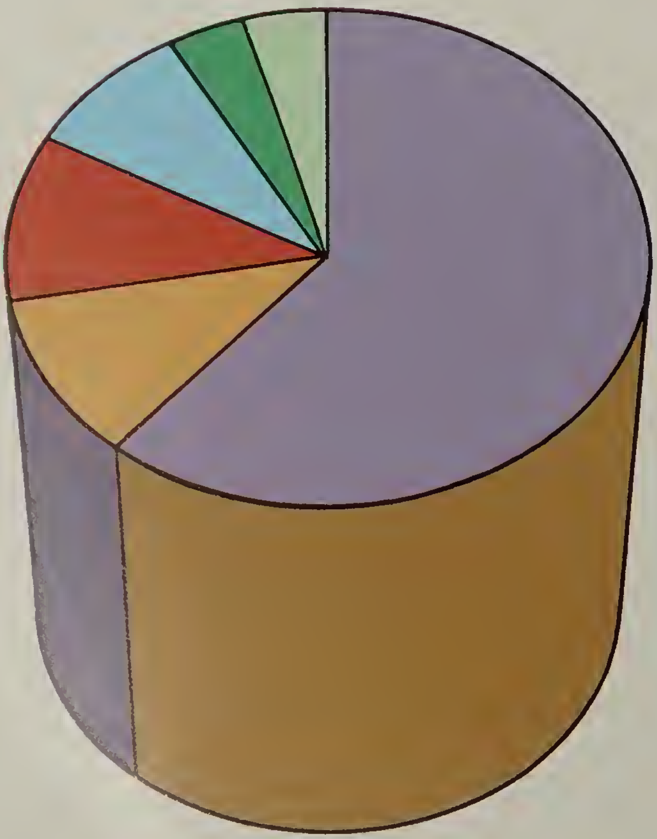
Deloitte & Touche

Certified Public Accountants
January 22, 1990

*Notes to financial statement are not included.

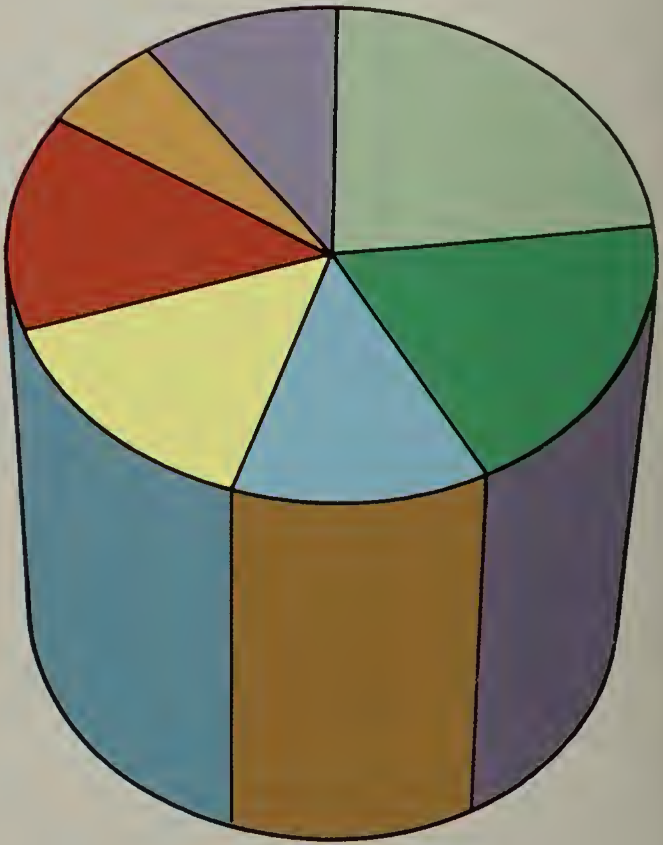
1989 OPERATING INCOME

62.1% MEMBERSHIP DUES
10.6% ADMINISTRATIVE SERVICES
11.0% INVESTMENT INCOME
8.7% [illegible]
3.6% PUBLICATIONS
[illegible]



1989 OPERATING EXPENSES

[illegible]
18.4% ADMINISTRATION
14.0% [illegible]
[illegible]
13.2% GOVERNMENT RELATIONS
5.9% FINANCE
10.8% HOSPITAL AND THIRD PARTY PAYOR RELATIONS



WHOM TO CALL AT MSMS HEADQUARTERS

EXECUTIVE DIRECTOR: WILLIAM E. MADIGAN
ASSISTANT DIRECTOR: KEVIN A. KELLY
(517) 337-1351

The individuals listed at right are a very integral part of the Michigan State Medical Society – they are the staff. The 65 members of the staff provide a wealth of information and assistance every day to MSMS members who have questions and want answers.

Here are just a few of the questions MSMS has received and answered: "Medicare has not sent a payment in three months and I have provided over $60,000 worth of treatment. Who can I talk to at BCBSM about this problem?" "I neglected to renew my license and I am scheduled for surgery tomorrow. I cannot reach the Department of Licensing and Regulation. Can you help me?" Staff was able to provide assistance to these physicians and stands ready to assist the membership everyday.

Do not forget that the MSMS staff members listed at right can help you through a bureaucratic maze, give you the most complete information about the current health care delivery system, or simply provide you with directions to the MSMS building. If you have questions, we encourage you to pick up the phone and call us.

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Address changes	Peg Berry
Advertising (in *Michigan Medicine*)	Betty McNerney
AIDS Provider Education Project	Lisa Strother
AMA Delegation	Judy Marr
Annual Scientific Meeting Program	Sherry Fent
Arbitration	Mary Anne Ford
Auto Lease Plan	Richard Campau
Blue Cross Blue Shield/Third Party Payors	Robert Ortwein
Board of Medicine	Dan Farhat, Tom Wolff
Continuing Medical Education	
Accreditation	Katie Brewbaker
Category I Calendar (in *Michigan Medicine*)	Sherry Fent
MSMS-Sponsored Conferences	Sherry Fent
Dues Billing & Payments	Peg Berry
Federal Legislation	Kevin Kelly
Financial Operations	Richard Campau
Graduate Medical Education	Sherry Fent
Group Health Insurance Plan	Barb Zimmerman, Valerie Barker
Health Data Research	Julie Lester
Health Education Foundation	Vada Davis
HMOs/PPOs	Robert Ortwein
Hospital Medical Staff Relations	Tom Plasman
Judicial Commission	Katie Brewbaker
Legislation	Dan Farhat, Tom Wolff
Maternal Health Conference	Sherry Fent
Media Relations	David Fox
Medicaid	Mary Anne Ford
Medical Assistants	Caroline Kimmel
Medical Ethics	Katie Brewbaker
Medicare	Robert Ortwein, Rose Heald
Medigram	Judy Marr
Member Benefits (Including insurance programs)	Richard Campau
Membership Records	Peg Berry
Membership Recruitment	Deborah Zannoth
Michigan Allergy Society	Viola Heins
Michigan Association of Medical Education	Viola Heins
Michigan Dermatological Society	Dawn Reha
Michigan Doctors Political Action Committee	Kevin Kelly, Dan Farhat
Michigan Chapter, American College of Surgeons	Viola Heins
Michigan Medical Group Managers Association	Caroline Kimmel
Michigan Medicine (MSMS Journal)	Betty McNerney
Michigan Society of Anesthesiologists	Caroline Kimmel
Michigan Society of Internal Medicine	Caroline Kimmel
Michigan Society of General Surgeons	Caroline Kimmel
Michigan Society of Pathologists	Viola Heins
Michigan Society of Respiratory Therapy	Caroline Kimmel
MSMS Auxiliary	Viola Heins
MSMS Committee Meeting Schedule	Katie Brewbaker
MSMS House of Delegates	Richard Campau, Donna Farougi
MSMS Meeting Facilities	Lori Randall
MSMS Travel Programs	Donna Farougi
Physicians Recovery Network	Katie Brewbaker
Physician's Review Organization of Michigan, Inc. (PROM)	John Richards, Barbara Banks, RN
Physician Legislative Network	Dan Farhat, Tom Wolff
Physician Service Group, Inc.	John Richards
Seminars	Amy Fistler
Practice Management	John Richards, Amy Fistler
Professional Liability Insurance	Richard Campau
Public Health Liaison	Mary Anne Ford
Public Relations	Judy Marr
Risk Management	Richard Campau
Specialty Societies	Donna Farougi

MICHIGAN STATE
18
66
MEDICAL SOCIETY

ARMY RESERVE MEDICAL PROFILE NO.9

Dr. Holwick outside of hospital where she practices as a civilian traumatologist.

Dr. Holwick in operating room at Letterman Army Medical Center.

JANN L. HOLWICK, M.D.

General and Trauma Surgeon.
Captain, U.S. Army Reserve.

EDUCATION University of Southern California, B.S.; University of California School of Medicine.

RESIDENCY Harbor General Hospital—UCLA Medical Center.

HOSPITAL AFFILIATIONS St. Luke Hospital; Huntington Memorial Hospital, Pasadena, California; Traumatologist, Arcadia Methodist Hospital, Arcadia, California.

OUTSTANDING ACHIEVEMENTS Borden Freshman Prize; Alpha Lambda Delta; Phi Beta Kappa; Phi Kappa Phi; Bovard Award; ALD Award; American Institute of Chemists Medal Award; Summa Cum Laude, University of California; Alpha Omega Alpha.

“When you enter private practice, the only cases seen are usually those limited to your specialty. Serving as a physician in the Army Reserve offers me a departure from my daily routine. I can be involved in virtually anything I choose. If a certain case interests me, I can ask to be part of the surgical team. If I wish to spend time teaching students, I have that option, too.

“As a Reserve physician, I've had the opportunity to interact with different people, from various backgrounds, with assorted medical and social viewpoints. As a result, I've grown as a physician and as a person.

“I spent six months looking into the Army Reserve program before I joined, wanting to make sure that my skill and time would be put to good use. I've been a Reservist three years now, and I still find it extremely rewarding. I have the satisfaction of knowing that I'm serving my country.”

Find out more about the medical opportunities in the Army Reserve. Call toll free 1-800-USA-ARMY.

ARMY RESERVE MEDICINE.
BE ALL YOU CAN BE.

Because safety cannot be taken for granted in H_2-antagonist therapy

AXID®
nizatidine

Minimal potential for drug interactions

Unlike cimetidine and ranitidine,[1] Axid does not inhibit the cytochrome P-450 metabolizing enzyme system.[2]

Swift and effective H_2-antagonist therapy

- *Most patients experience pain relief with the first dose[3]*
- *Heals duodenal ulcer rapidly and effectively[4,5]*
- *Dosage for adults with active duodenal ulcer is 300 mg once nightly (150 mg b.i.d. is also available)*

References
1. *USP DI Update, September/October 1988, p 120.*
2. *Br J Clin Pharmacol 1985;20:710-713.*
3. *Data on file, Lilly Research Laboratories.*
4. *Scand J Gastroenterol 1987;22(suppl 136):61-70.*
5. *Am J Gastroenterol 1989;84:769-774.*

AXID®
nizatidine capsules

Brief Summary. Consult the package literature for complete information.

Indications and Usage: 1. *Active duodenal ulcer*—for up to eight weeks of treatment. Most patients heal within four weeks.

2. *Maintenance therapy*—for healed duodenal ulcer patients at a reduced dosage of 150 mg h.s. The consequences of therapy with Axid for longer than one year are not known.

Contraindication: Known hypersensitivity to the drug. Use with caution in patients with hypersensitivity to other H_2-receptor antagonists.

Precautions: *General*—1. Symptomatic response to nizatidine therapy does not preclude the presence of gastric malignancy.

2. Dosage should be reduced in patients with moderate to severe renal insufficiency.

3. In patients with normal renal function and uncomplicated hepatic dysfunction, the disposition of nizatidine is similar to that in normal subjects.

Laboratory Tests—False-positive tests for urobilinogen with Multistix® may occur during therapy.

Drug Interactions—No interactions have been observed with theophylline, chlordiazepoxide, lorazepam, lidocaine, phenytoin, and warfarin. Axid does not inhibit the cytochrome P-450 enzyme system; therefore, drug interactions mediated by inhibition of hepatic metabolism are not expected to occur. In patients given very high doses (3,900 mg) of aspirin daily, increased serum salicylate levels were seen when nizatidine, 150 mg b.i.d., was administered concurrently.

Carcinogenesis, Mutagenesis, Impairment of Fertility—A two-year oral carcinogenicity study in rats with doses as high as 500 mg/kg/day (about 80 times the recommended daily therapeutic dose) showed no evidence of a carcinogenic effect. There was a dose-related increase in the density of enterochromaffin-like (ECL) cells in the gastric oxyntic mucosa. In a two-year study in mice, there was no evidence of a carcinogenic effect in male mice, although hyperplastic nodules of the liver were increased in the high-dose males as compared with placebo. Female mice given the high dose of Axid (2,000 mg/kg/day, about 330 times the human dose) showed marginally statistically significant increases in hepatic carcinoma and hepatic nodular hyperplasia with no numerical increase seen in any of the other dose groups. The rate of hepatic carcinoma in the high-dose animals was within the historical control limits seen for the strain of mice used. The female mice were given a dose larger than the maximum tolerated dose, as indicated by excessive (30%) weight decrement as compared with concurrent controls and evidence of mild liver injury (transaminase elevations). The occurrence of a marginal finding at high dose only in animals given an excessive and somewhat hepatotoxic dose, with no evidence of a carcinogenic effect in rats, male mice, and female mice (given up to 360 mg/kg/day, about 60 times the human dose), and a negative mutagenicity battery are not considered evidence of a carcinogenic potential for Axid.

Axid was not mutagenic in a battery of tests performed to evaluate its potential genetic toxicity, including bacterial mutation tests, unscheduled DNA synthesis, sister chromatid exchange, mouse lymphoma assay, chromosome aberration tests, and a micronucleus test.

In a two-generation, perinatal and postnatal fertility study in rats, doses of nizatidine up to 650 mg/kg/day produced no adverse effects on the reproductive performance of parental animals or their progeny.

Pregnancy—Teratogenic Effects—Pregnancy Category C—Oral reproduction studies in rats at doses up to 300 times the human dose and in Dutch Belted rabbits at doses up to 55 times the human dose revealed no evidence of impaired fertility or teratogenic effect; but, at a dose equivalent to 300 times the human dose, treated rabbits had abortions, decreased number of live fetuses, and depressed fetal weights. On intravenous administration to pregnant New Zealand White rabbits, nizatidine at 20 mg/kg produced cardiac enlargement, coarctation of the aortic arch, and cutaneous edema in one fetus, and at 50 mg/kg, it produced ventricular anomaly, distended abdomen, spina bifida, hydrocephaly, and enlarged heart in one fetus. There are, however, no adequate and well-controlled studies in pregnant women. It is also not known whether nizatidine can cause fetal harm when administered to a pregnant woman or can affect reproduction capacity. Nizatidine should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Nursing Mothers—Studies in lactating women have shown that 0.1% of an oral dose is secreted in human milk in proportion to plasma concentrations. Because of growth depression in pups reared by treated lactating rats, a decision should be made whether to discontinue nursing or the drug, taking into account the importance of the drug to the mother.

Pediatric Use—Safety and effectiveness in children have not been established.

Use in Elderly Patients—Healing rates in elderly patients were similar to those in younger age groups as were the rates of adverse events and laboratory test abnormalities. Age alone may not be an important factor in the disposition of nizatidine. Elderly patients may have reduced renal function.

Adverse Reactions: Clinical trials of varying durations included almost 5,000 patients. Among the more common adverse events in domestic placebo-controlled trials of over 1,900 nizatidine patients and over 1,300 on placebo, sweating (1% vs 0.2%), urticaria (0.5% vs $<$0.01%), and somnolence (2.4% vs 1.3%) were significantly more common with nizatidine. It was not possible to determine whether a variety of less common events was due to the drug.

Hepatic—Hepatocellular injury (elevated liver enzyme tests or alkaline phosphatase) possibly or probably related to nizatidine occurred in some patients. In some cases, there was marked elevation ($>$500 IU/L) in SGOT or SGPT and, in a single instance, SGPT was $>$2,000 IU/L. The incidence of elevated liver enzymes overall and elevations of up to three times the upper limit of normal, however, did not significantly differ from that in placebo patients. Hepatitis and jaundice have been reported. All abnormalities were reversible after discontinuation of Axid.

Cardiovascular—In clinical pharmacology studies, short episodes of asymptomatic ventricular tachycardia occurred in two individuals administered Axid and in three untreated subjects.

CNS—Rare cases of reversible mental confusion have been reported.

Endocrine—Clinical pharmacology studies and controlled clinical trials showed no evidence of antiandrogenic activity due to nizatidine. Impotence and decreased libido were reported with equal frequency by patients on nizatidine and those on placebo. Gynecomastia has been reported rarely.

Hematologic—Fatal thrombocytopenia was reported in a patient treated with nizatidine and another H_2-receptor antagonist. This patient had previously experienced thrombocytopenia while taking other drugs. Rare cases of thrombocytopenic purpura have been reported.

Integumental—Sweating and urticaria were reported significantly more frequently in nizatidine- than in placebo-treated patients. Rash and exfoliative dermatitis were also reported.

Hypersensitivity—As with other H_2-receptor antagonists, rare cases of anaphylaxis following nizatidine administration have been reported. Because cross-sensitivity among this class has been observed, H_2-receptor antagonists should not be administered to those with a history of hypersensitivity to these agents. Rare episodes of hypersensitivity reactions (eg, bronchospasm, laryngeal edema, rash, and eosinophilia) have been reported.

Other—Hyperuricemia unassociated with gout or nephrolithiasis was reported. Eosinophilia, fever, and nausea related to nizatidine have been reported.

Overdosage: Overdoses of Axid have been reported rarely. If overdosage occurs, activated charcoal, emesis, or lavage should be considered along with clinical monitoring and supportive therapy. Renal dialysis for four to six hours increased plasma clearance by approximately 84%.

PV 2098 AMP [091289]

Additional information available to the profession on request.

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Physicians and Other Professionals Contributed to

New Blues Par Agreement

By James L. Gerardi

As an early-signing bonus, those who sign and return the par agreement to the Blues by August 1, will get an increase in payments on September 1. Others will get the same increase on January 1, 1991.

The new participation agreement Blue Cross and Blue Shield of Michigan (BCBSM) mailed to Michigan MDs, DOs, DPMs, DCs, and psychologists in late May had a great deal of professional input, according to Blues officials leading the sign-up drive.

"We received recommendations from an advisory committee of outside physicians and professionals," says BCBSM Associate Medical Director Fred Severyn, MD. "In addition, we had many meetings over the past 10 months with representatives of MSMS and MAOPS, county and specialty society groups, and other organizations. We also had provider focus-group discussions in nine different cities throughout Michigan.

"We received much constructive criticism and many suggestions. And the new agreement includes the majority of the suggestions received from those groups."

Doctor Severyn said the document commits the Blues to eliminate the usual, customary, and reasonable (UCR) reimbursement system this year and replace it with a fixed payment methodology based on relative value units.

"The payment schedule will be published and made accessible to providers," Doctor Severyn said, "and we'll review our payment levels every 12 months."

Other agreement terms reflecting physician input, according to Doctor Severyn, are confidentiality protection of physician data; a streamlined appeals process with determination by peer review; medical necessity determinations by physicians only; a two-year limit on audit recoveries (except in fraud cases); and a physician/professional advisory committee to give the Blues ongoing input on future changes in the contract as well as input on a variety of administrative and policy issues related to the new agreement.

What are the advantages of signing the new agreement?

"First, timely reimbursement," Doctor Severyn says. "Second, representation by the physician advisory committee. Third, par physicians will no longer be charged for BCBSM training sessions for billing and office staff.

"Fourth, BCBSM will contribute $300 a year toward continuing medical education for each par physician. And fifth, the company will publish a directory of participating physicians." ■

James Gerardi is executive editor, Corporate Information, for BCBSM.

Statement by **Robert Black, MD**, Detroit
Member, BCBSM Board of Directors, representing physicians May 1, 1990

"The mutual rights and responsibility between BCBSM and Michigan physicians will be clearly defined in the new Physician Contract. The BCBSM Board of Directors, BCBSM management, and MSMS leadership worked together during the past year to address many of the serious issues affecting the delivery of patient care, as well as reimbursement, through the detailed aspects of the new Physician Contract with Blue Cross and Blue Shield of Michigan.

"In the recent past, BCBSM has demonstrated a greater dedication in resolving physician issues through a series of statewide meetings between physicians, BCBSM Board members and key management staff.

"We have been given the assurance by the BCBSM Board of Directors that contractual issues will be further addressed through the physician and professional provider contract advisory committee established in the new contract. The advisory committee will review future changes in the contract in order to develop a strong and supportive relationship with the physicians of Michigan." ■

New Participation Agreement: What will happen when?

1. Agreements mailed to physicians
May 18-21, 1990
2. Postmark deadline for mailing completed signature document to BCBSM to qualify for early signing bonus
August 1
3. Individual profiles discontinued; move to fixed-payment methodology
September 1
4. Early signing bonus (max. payment levels increased for those who sign by August 1)
September 1
5. Payment levels increased for all other physicians
January 1, 1991

Statement by **Richard L. Rapport, MD, Flint**
Member, BCBSM Board of Directors, representing physicians, April 27, 1990

"Michigan physicians had enormous input resulting in many changes which significantly altered the physician contract originally proposed by BCBSM. This occurred subsequent to lengthy dialogue with MSMS and MAOPS staff, the liaison committee of MSMS with BCBSM, focus groups with physicians throughout the state, physician members of the BCBSM board of directors, MSMS legal counsel, and with specialty societies.

"BCBSM agreed to most, but not all, of the suggestions from these various sources. The contract is not perfect but is not cast in concrete, and a process is available which will allow for future amendments via the physicians advisory committee.

"I felt comfortable voting in favor of it when it was adopted by the BCBSM Board of Directors." ■

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"Adopt a Doctor"
for the
MSMS Annual Scientific Meeting

By Conrad E. Nagle, MD

Each year many of the 1,100 physicians who attend the MSMS Annual Scientific Meeting tell MSMS how much they enjoy the spectrum of courses that are offered and that MSMS should let more people know about the meeting.

To encourage more Michigan physicians to attend the meeting, the Planning Committee for the MSMS Annual Scientific Meeting is implementing a new program called "Adopt a Doctor." Physicians who have attended an MSMS Annual Scientific Meeting for the 1990 meeting will receive one-third off their registration if they bring a physician who has never attended an Annual Scientific Meeting. The new attendees also will receive one-third off their fee. Of course, those physicians who have never attended the Annual Scientific Meeting and cannot find someone to adopt them will be granted the one-third off. We do not want any orphans.

The MSMS Annual Scientific Meeting is one of the best state scientific meetings. It provides physicians the opportunity to stay knowledgeable on topics directly or indirectly related to their practice. It also provides primary care specialists the opportunity to meet physicians in subspecialty practices. In addition, it provides physicians the chance to meet and talk with their Michigan colleagues. MSMS benefits too, as physician support of this educational event helps strengthen the organization.

The MSMS Annual Scientific Meeting Planning Committee hopes that Michigan physicians will bring younger physicians — including medical students, residents or new colleagues — to the meeting.

The 1990 MSMS Annual Scientific Meeting will be held November 6-8 at the Dearborn Hyatt Regency Hotel. Approximately 55 three-hour courses will be offered, and physicians can earn up to 20 Category I credits. Mark your calendar now! Plan to attend this important educational event! For more information, contact Sherry Fent, chief of physician education, at MSMS (517) 337-1351. ■

Doctor Nagle, a nuclear medicine physician at William Beaumont Hospital-Troy, is chairman of the 1990 Annual Scientific Meeting.

The MSMS Annual Scientific Meeting offers Michigan physicians the opportunity to visit more than 70 exhibits, study a variety of clinical posters, and most importantly, earn up to 20 Category I credits.

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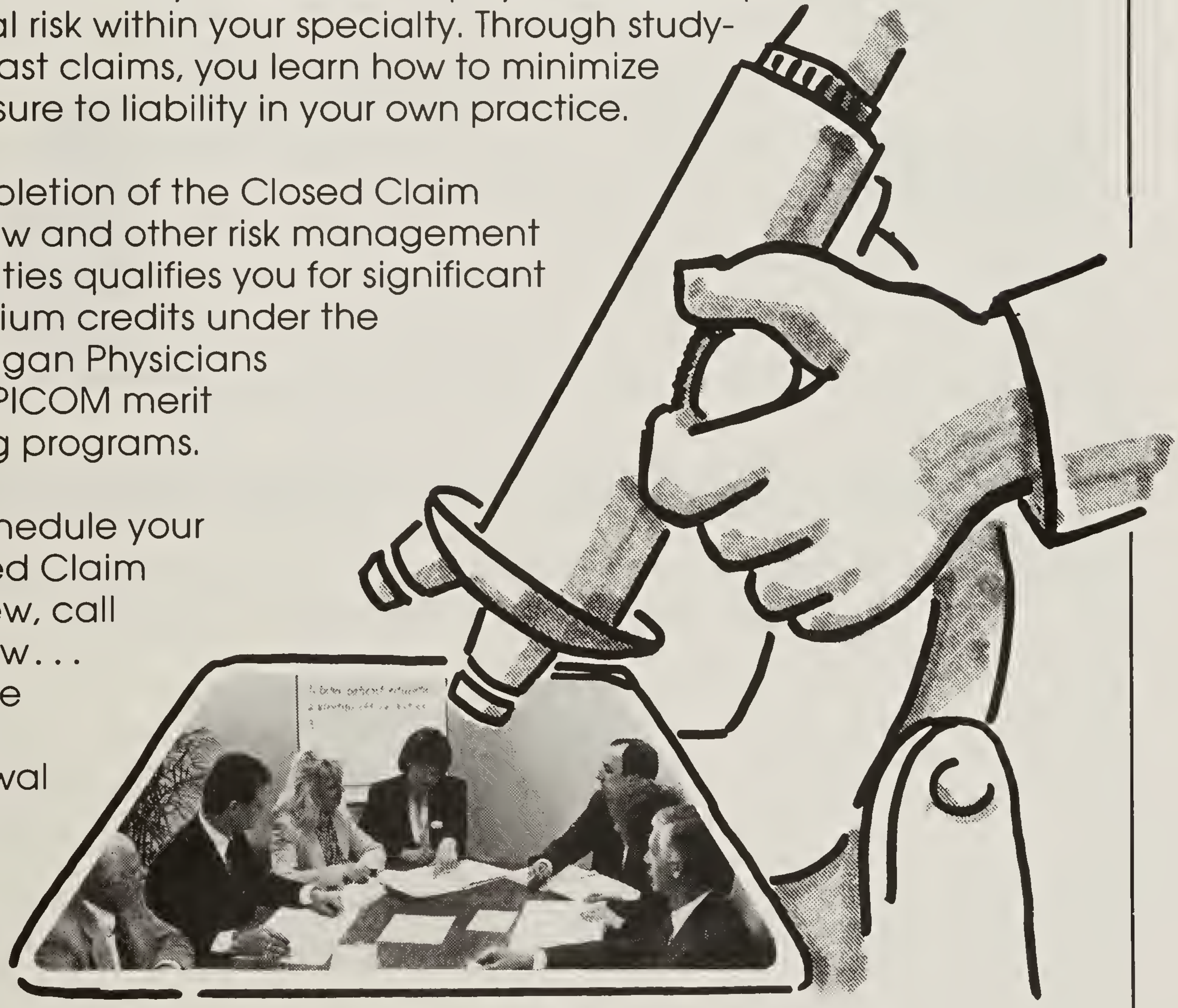

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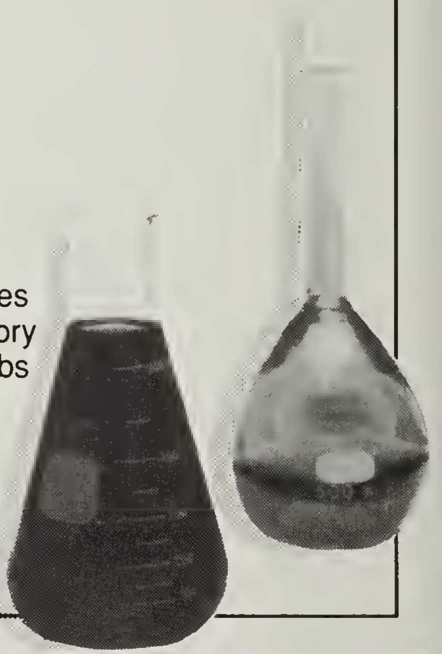

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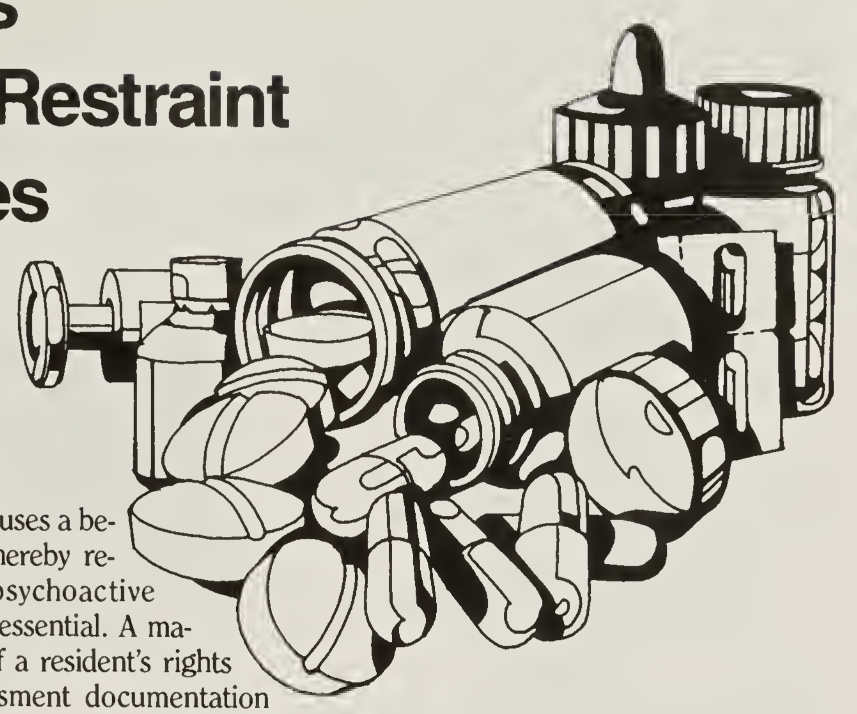
New Federal Law Limits Physical and Chemical Restraint Usage in Nursing Homes



By Richard D. Yerian, DO and Janice Pettengill, RN

Health care professionals and the public are beginning to recognize that unnecessary use of physical and chemical restraints can cause major distress, injury and/or deterioration of the elderly. Such awareness has manifested itself in certain court decisions and regulations which ban the forced use of restraints and psychoactive drugs without the person's informed permission or that of one's legal guardian, or in an emergency situation. The new long-term care regulations, based on the Omnibus Budget Reconciliation Act (OBRA) of 1987, amended 1989, and effective October 1, 1990, require informed consent and severely limit the use (in long-term care) of physical and chemical restraints (especially psychoactive drugs) for inappropriate purpose(s).

These new OBRA Federal Medicare-/Medicaid certification requirements also strengthen the protection of patient's rights by imposing new requirements on nursing homes. These laws define each residents' right to be that of a dignified existence, self determination, and communication with access to persons and available services. Restraint requirements state:

1) The resident has the right to be free from any imposed physical restraints; or psychoactive drug(s) administered for purposes of discipline or convenience, when not required to treat the resident's medical symptoms/condition.

2) Empower the resident or legal guardian to make informed choices about care.

3) To free one from verbal, sexual, physical or mental abuse, corporal punishment, and involuntary seclusion, and

4) Prohibit practices that are negligent, abusive or represent mistreatment of residents.

Consequently, the importance of a comprehensive assessment of each resident's needs, and what causes a behavior problem whereby restraints and/or psychoactive drugs are used, is essential. A major infringement of a resident's rights exists when assessment documentation and adequate justification for usage of restraints and/or psychoactive drugs is absent.

The seriousness of unnecessary use of psychoactive drugs also is being addressed by the American Psychiatric Association. The APA estimates that 40 percent of chronically institutionalized elderly exhibit serious side effects such as tardive dyskinesia from antipsychotic drug usage. Tardive dyskinesia is known to increase with length of treatment, age or total exposure to the antipsychotic drug(s). The results are severely debilitating, often irreversible, and can result in the inability to swallow and eat. Therefore, the seriousness and potentially life-threatening results cannot be over emphasized.

Specific criteria for psychotropic drug usage have been spelled out for Federal Medicare/and Medicaid regulation compliance purposes. For example: (1) If antipsychotic(s)/neuroleptic(s) are used, there is to be a "specific condition" (e.g., psychoses diagnoses) in the clinical record. (2) Antipsychotic drugs are not to be used if one or more of the following symptoms are the only indicators: simple pacing, wandering, poor self-care, restlessness, crying out, impaired memory, anxiety, depression, insomnia, unsociability, indifference, fidgeting, nervousness, uncooperativeness, or on an "as needed" basis. The presence of such agitated behaviors requires a determination of their underlying cause(s) so that an appropriate intervention is initiated. Expertise and input from all involved professionals is needed to determine the effects of: 1) social and environmental factors; 2) drug-induced side effects; 3) symptoms and 4) medical condition(s).

The drug therapy goal in treating psychiatric conditions is to provide the absolute minimum effective drug dosage. Residents whose psychiatric condition/symptoms have stabilized will be evaluated to determine if periodic attempts to gradually reduce drug dosage(s) has occurred in order to determine the necessity of continued drug therapy. The approach is often to determine the necessity of continued drug therapy. The approach is often manifest in a "drug holiday," or "gradual dose reduction" plan. Evidence of such treatment is to be written in each affected resident's clinical record.

Effective October 1, 1990, professionals surveying long-term care facilities/nursing homes will evaluate the use of chemical and physical restraints to determine if properly used. If negative finding(s) of improper usage pose a serious threat to resident safety or are a pattern of substandard care, a care deficiency and/or rights violation(s) will be cited by Licensing and Certification surveyors and sanctions imposed.

Monitoring the necessity of chemical/drug therapy (specifically psychoactive drugs) and physical restraint usage places special emphasis on their limited but proper use. It is hoped that health care professionals will be sensitized to the OBRA regulatory focus so practices reflect the intent of the regulations and "new" national standards of care. ■

Doctor Yerian is chief medical consultant for the Michigan Department of Public Health. Ms. Pettengill is nurse consultant for the Michigan Department of Public Health, Licensing and Regulation.

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Michigan Academy of Family Physicians

The "Family Doc" Faces the 90s

By Ralph D. Ward

The following is the second in a series of articles on medical specialty societies in Michigan. The subject of the next article - to appear in the September issue - is orthopedic surgeons.

You can't help but notice the painting, there on your right, as you walk into the offices of the Michigan Academy of Family Physicians. It's perhaps the best known Norman Rockwell piece, of the vested, weary, but kindly doc, jollying along little Susie by checking her doll's heartbeat with his stethoscope. This image of the family physician, is the driving force that compels physicians to enter the demanding but rewarding field of family practice.

The Michigan Academy of Family Physicians traces it roots to 1948, when it was organized as the Michigan Academy of General Practice. In 1969, family practice was formally recognized as a specialty, and the group's name was changed to follow suit in 1972. The American Academy of Family Physicians, with over 60,000 members, is the second largest physicians' group in the nation.

Current Michigan membership is 2,200, down slightly from previous levels, and reflective of the pressures facing family practice today. According to MAFP Chief Executive Officer Janice Klos, "We face the same problems as all state physicians: government regulation, reimbursement, liability. A special concern is mandatory assignment." According to Klos, the Medicaid mandatory assignment legislation now pending in the Michigan House, HB 5448, would have a very acute impact on family practitioners, as they work more extensively with older and lower income populations. "The bill would do away with balanced billing, and even calls for penalties and fines." The proposed legislation would inevitably affect care, says MAFP President Larry Kelly, MD. "The differentials of Medicaid payment would result in such low physician reimbursement that the family practitioner would be forced either not to see Medicaid patients, or shift costs." Concern over this and other legislative issues recently spurred the group to hire a Lansing lobbying firm. According to Doctor Kelly, "Some issues come along that have a unique impact (on family practice), and it's in our best interest to have representation."

These and other professional concerns have limited the number of students seeking careers in family practice, and caused shortages in some areas. Rural communities face particular problems in attracting and keeping family physicians, due to the reimbursement inequities imposed on rural practitioners. "Rural areas all over are lacking in medical care" says Doctor Kelly. "I get letters from search agencies and small town leaders all the time trying to find physicians."

The MAFP is an active association, with a long history of innovative member programs. One popular program seeks to interest female medical students in family practice. An April workshop on this subject drew 46 practitioners. Other MAFP initiatives include surveys of hospital privileges for family physicians, offer support for the Family Practice departments at state medical schools, and work with smaller community hospitals to maintain obstetrical services and hospital privileges.

The Academy was the first state medical group to require continuing education as a condition of membership, with 150 hours of CME training currently required every three years. The variety of practice imposed by family medicine demands a broad, comprehensive training schedule. "One of the original goals of the MAFP was to maintain high professional standards," says Klos. "Most family physicians can care for 90 percent of an individual's health needs. This is a cross discipline: The patient can receive a broad range of care. A woman doesn't have to go to an ob/gyn for good ob/gyn care."

As noted, family practice has seen a gradual reduction in the number of students choosing the specialty, and a key MAFP function is recruitment. Family Medicine Interest Groups have been formed among medical students to maintain interest in and identity with the field, and MAFP members work hard to express the personal rewards found in family practice. "The reason I went into it was the variety," says Doctor Kelly. "I ask many of the students I see why they would choose family practice, and I get many answers: the uniqueness, the chance to work with families, and the variety. Family practice allows the physician to work with seniors, children and babies. It's challenging and interesting, and allows physicians to become closer to the patient."

This "wholistic" sense of the patient as a part of a larger relationship often becomes very apparent to the family physician. "One of our members told me that he's delivering the third generation of a family. The physician and the patients become protective of each other. It's a relationship based on nurturing and caring." ■

Ralph Ward is a Lansing-based freelance writer.

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Warning: Generally, this drug is not proposed for use in females and certainly must not be used during pregnancy. Neither is this drug proposed for use in pediatric, geriatric or cardio-renal patients with gastric or duodenal ulcer history. Nor should it be used in conjunction with mood-modifying drugs such as antidepressants, or in psychiatric patients in general.

Adverse Reactions: Yohimbine readily penetrates the (CNS) and produces a complex pattern of responses in lower doses than required to produce peripheral a-adrenergic blockade. These include, anti-diuresis, a general picture of central excitation including elevation of blood pressure and heart rate, increased motor activity, irritability and tremor. Sweating, nausea and vomiting are common after parenteral administration of the drug.^{1,2} Also dizziness, headache, skin flushing reported when used orally.^{1,3}

Dosage and Administration: Experimental dosage reported in treatment of erectile impotence.^{1,3,4} 1 tablet (5.4 mg) 3 times a day, to adult males taken orally. Occasional side effects reported with this dosage are nausea, dizziness or nervousness. In the event of side effects dosage to be reduced to ½ tablet 3 times a day, followed by gradual increases to 1 tablet 3 times a day. Reported therapy not more than 10 weeks.^{3}

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1. A. Morales et al., New England Journal of Medicine: 1221. November 12, 1981.
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3. Weekly Urological Clinical letter, 27:2, July 4, 1983.
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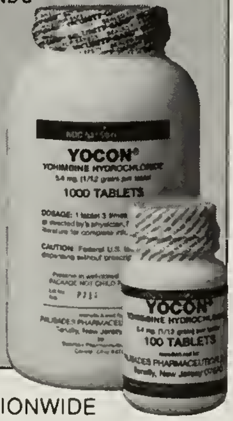

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MSMS Members Should Enroll Now in the Delta Dental Plan

By Valerie Barker

MSMS members, their families and employees will be able to enroll in the Delta Dental Plan of Michigan sponsored program until June 30. The MSMS Group Insurance Trustees are pleased to announce "no increase in premiums" for the coming year. Premiums are guaranteed to existing and new subscribers until June 30, 1991.

MSMS Group Insurance Trustees introduced the Delta plan in 1988. They worked closely with Delta to develop and offer this quality first-of-a-kind association sponsored program. Since 1988, several hundred MSMS member physicians have enrolled themselves, their families and their employees in the MSMS Delta plan.

Affordable dental insurance is not widely available to individuals or small groups, but MSMS members have the unique advantage of choosing Delta for themselves and their employees. The Delta plan is a "free-standing" benefit. Physicians and their employees do not have to participate in any other MSMS endorsed insurance program to enroll in Delta. Access to quality benefit plans can be a real bonus, helping physicians recruit and retain quality employees. The plan, administered by the MSMS Group Insurance Trust, is billed in easy quarterly installments.

Good dental care is an important factor in good overall health. Delta's plan is designed to promote good dental care by covering 100 percent of all preventative procedures. Other procedures are covered at a lower reimbursement rate and include orthodontic, endodontic and periodontic services. Delta subscribers can continue coverage for their dependent children until age 25, providing they legally reside with and are dependent upon the subscriber.

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To learn more about the MSMS Delta plan refer to the enrollment information mailed to MSMS members in May or call one of the MSMS Group Insurance service representatives at 1-800-748-0195. ■

Valerie Barker is chief of insurance marketing, MSMS Group Insurance Trust.

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A Message to Auxilians

Communication is Vital to Success

By Patricia Dolan

How do I know that Genesee, Grand Traverse-Leelanau-Benzie, and Muskegon counties have something in common that other counties do not? How do positions on the MSMSA Board get filled? How are MSMS Auxilians trying to educate the public about the liability concerns here in Michigan?

These questions can be answered separately, but they also can be answered together. The answer to each question is, "through communication."

As I have served on a variety of committees and Boards in the organizations to which I belong, I've felt quite well-informed about the activities and projects being undertaken. It's only when my term is completed and I return to being "just a member" that I realize how much communication takes place within the committee or Board, and how little is shared with the membership at large. There are a variety of reasons for this lack of communication, but the bottom line remains that the communication did not take place.

A great deal has been accomplished in the past few years toward better communication between MSMS and the Auxiliary. Regular meetings of the joint leadership and staff are being held along with interim meetings of the Auxiliary leadership and staff with the MSMS executive director. These meetings have been beneficial and allow us to better coordinate our activities and projects. Having the MSMSA president attend the MSMS Board meetings heightens our understanding of MSMS and heightens MSMS' awareness of our desire for a partnership with them. Through appointment of Auxiliary members to various MSMS committees, we can give input into the contemplated direction of the Society and perhaps even provide some existing resources to assist in the process. Likewise we can gain their support for our projects, whether it be money, time, or resources.

Patricia Dolan

Robert E. Paxton, MD, MSMS immediate past president, recently introduced the new CARING Campaign — a program to promote the positive public perception of physicians. It carries the tag line, "Physicians Caring Today for a Healthy Tomorrow." I believe that applies to the Auxiliary as well. Auxiliary bylaws state that our purposes shall be exclusively educational and charitable and shall be to assist in MSMS programs that advance medicine and health education. What better way to advance medicine today than to promote, and in some instance, to establish the positive perception of physicians.

The Auxiliary has just completed a very successful health project of placing the Detroit Pistons poster in each school in the state which gives a clear message to "Stand Tall, Shoot Straight - Winners = No alcohol, drug free." This poster also is being distributed to physicians for use in their offices and practices. It is one way for our doctors to show that they are "caring today for a healthy tomorrow."

The liability video being distributed to counties for use in educating their communities about the concerns of physicians and auxilians, not just for themselves, but also for their fellow citizens, is another area of cooperation between the Society and the Auxiliary. The project is not only jointly-sponsored, but also is jointly presented in communities throughout the state.

A program of education for youth, introduced to the Auxiliary by AMA President Alan Nelson, MD, will be examined by MSMSA as a possible project for county auxiliaries and societies to implement in cooperation with the county Bar association. It is a program where both medical and legal experts go into the schools to talk with students about the effects and consequences of drug use. (This includes illegal drugs, alcohol and tobacco.) This might tie into an emphasis expressed by MSMS President Susan H. Adelman, MD, relating to chemical dependency.

We also have worked on improved communication with our own members by listening to their thoughts and suggestions for improving our Auxiliary. We have included more members on committees at the state level and have also attempted to make meetings more convenient for our membership, by holding committee meetings on the same day as our Board meetings. We are still learning and experimenting with this. For the coming year, county chairmen will become active members of the various state committees. County presidents will be assigned to committees as well, but for the most part as ex-officio members since they have a great deal of responsibility in their own counties. By involving a greater number of members in the activities and decision-making process of the MSMSA, we hope to strengthen the Auxiliary and increase our membership.

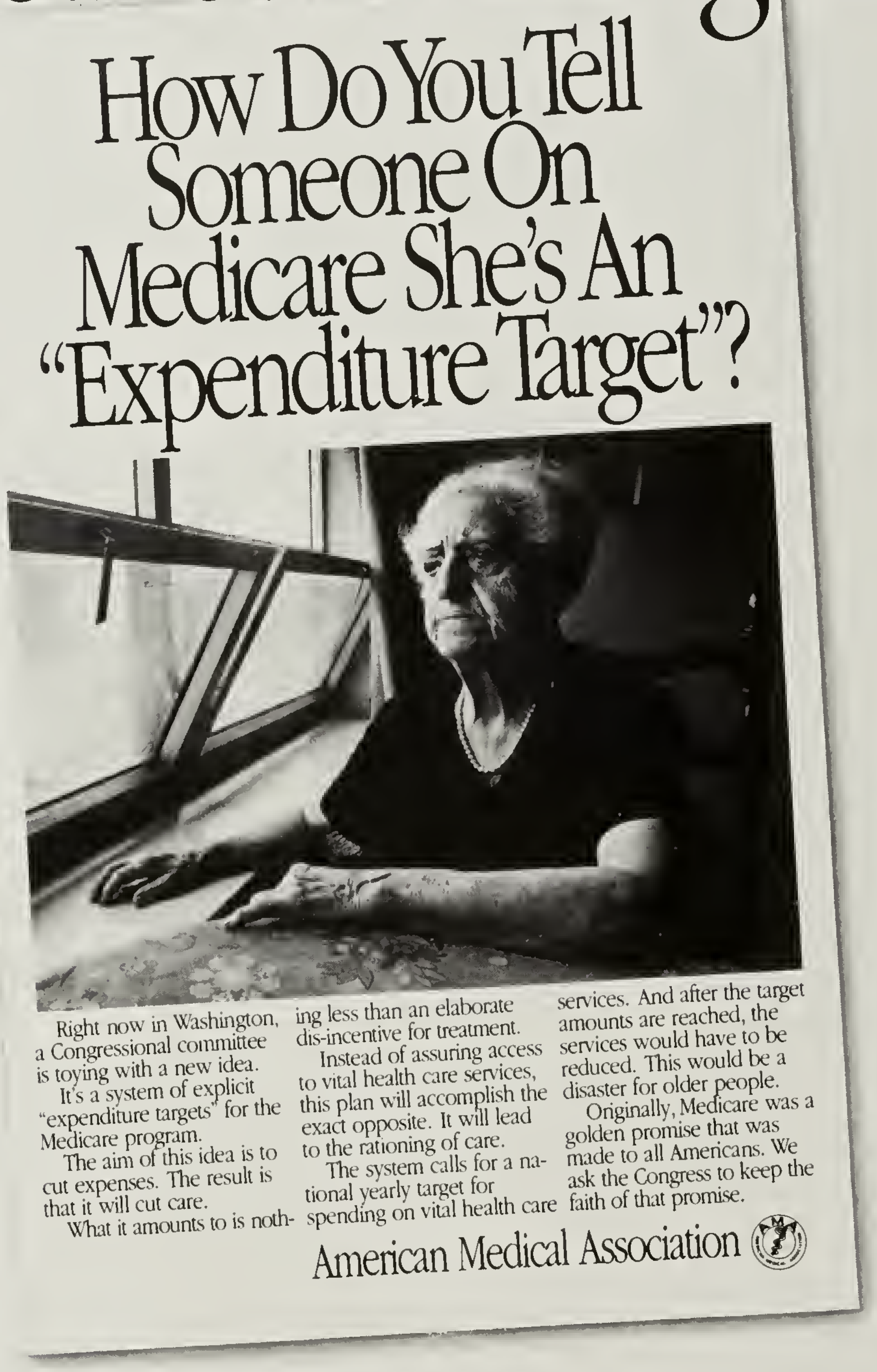
Find your own niche

Therefore, I ask each of you to find your own niche in the Auxiliary, be it fund-raising, showing the liability video, arranging for substance abuse education in our schools, designing an invitation to an Auxiliary event, communicating with our legislators on medical issues, or helping to fund all of these projects through payment of your dues. I also ask that you extend your hand in fellowship, your words in support and your hearts in friendship. If each of us does that, there will be no limit to what we as individuals, as an Auxiliary, and as partners with the Society can achieve. Please *communicate* and demonstrate just how much we care.

In case you're still wondering what Genesee, Grand Traverse-Leelanau-Benzie and Muskegon counties have in common, I welcome your communication. ■

Patricia Dolan is MSMSA president.

This Is How We Helped Change Medicare Legislation.



How Do You Tell Someone On Medicare She's An "Expenditure Target"?

Right now in Washington, a Congressional committee is toying with a new idea.

It's a system of explicit "expenditure targets" for the Medicare program.

The aim of this idea is to cut expenses. The result is that it will cut care.

What it amounts to is nothing less than an elaborate dis-incentive for treatment.

Instead of assuring access to vital health care services, this plan will accomplish the exact opposite. It will lead to the rationing of care.

The system calls for a national yearly target for spending on vital health care services. And after the target amounts are reached, the services would have to be reduced. This would be a disaster for older people.

Originally, Medicare was a golden promise that was made to all Americans. We ask the Congress to keep the faith of that promise.

American Medical Association

Thanks to AMA efforts on your behalf, House and Senate negotiators recently agreed to significant changes in the Medicare program.

These improvements, for both physicians and patients, were in marked contrast to earlier proposals called "Expenditure Targets." The AMA felt strongly that Expenditure Targets would have resulted in spending caps for physicians and rationing of care for their Medicare patients.

The AMA believes that this new approach developed by the Senate Finance Committee is more in line with our goal of improving health care services for all Americans.

We also believe this change in Medicare legislation is beneficial for our member physicians.

American Medical Association

DEATHS

Joseph A. Bernier, MD
Sanford

Joseph A. Bernier, MD, general practitioner, died suddenly on March 12. He was 68. Doctor Bernier was a 1945 graduate of the Loyola University School of Medicine. He served his internship at St. Vincent's Hospital, Los Angeles. Doctor Bernier was in the US Navy from 1945 to 1947 and then began practicing medicine at St. Mary's Hospital, Saginaw. Later, Doctor Bernier opened a private practice in Sanford. He was a member of the Midland County Medical Society, the Michigan State Medical Society, and the American Medical Association.

Philip P. Bonifer, Sr., MD
Battle Creek

Philip P. Bonifer, Sr., MD, obstetrician/gynecologist, died March 18. He was 85. Doctor Bonifer received his medical degree from Marquette University Medical School and took his residency at Butterworth Hospital, Grand Rapids. In 1931, he came to Battle Creek as a resident physician at the former Nichols Hospital and set up private practice. He also served as a captain in the US Navy from 1942-1945. Doctor Bonifer received the *Battle Creek Enquirer* George Award for initiating an annual Health Career Day for area high school students and received his 50-year award from Michigan State Medical Society. Doctor Bonifer was a member of the Calhoun County Medical Society, the Michigan State Medical Society, and the American Medical Association.

George J. Moriarty, MD
Detroit

George J. Moriarty, MD, general surgeon, died March 30. He was 83. A 1933 graduate of the University of Minnesota, Doctor Moriarty took his residency at Harper Hospital and Detroit Receiving Hospital. He was later on staff at Harper, Crittenton, Jennings and Doctors hospitals. Doctor Moriarty served as medical director of the Detroit Police Department and had maintained a Detroit office for more than 40 years before his retirement in 1981. He was a member of several medical associations including the American College of Surgeons, International College of Surgeons, and Michigan State Medical Society.

Kenneth C. Pierce, MD
Dowagiac

Kenneth C. Pierce, MD, general surgeon, died suddenly on March 22. He was 84. Doctor Pierce received his medical training at the University of Michigan Medical School and after graduation taught surgery at U-M. He moved to Dowagiac in 1933 where he practiced medicine until 1976. Doctor Pierce twice served as president of the Cass County Medical Society and received multiple awards for his community service and contributions to the medical profession. He was a member of the American Medical Association, Michigan State Medical Society, and the American College of Surgeons.

Benedicto A. Ruiz, MD
Greenville

Benedicto A. Ruiz, MD, general surgeon, died March 15. He was 48. Doctor Ruiz was a 1965 graduate of the University of Santo Tomas Medical School, Manila, Philippines, and served his medical residency at St. Johns Hospital, Detroit. He was a member of the American Medical Association, Michigan State Medical Society, American College of Surgeons, Montcalm County Medical Society, and the Association of Philippine Practitioners in America.

Kirwin H. Stief, MD
Fraser

Kirwin H. Stief, MD, ophthalmologist, died April 13. He was 57. Doctor Stief graduated from the Jefferson Medical College in Philadelphia, PA. He later opened a medical practice in ophthalmology in Mount Clemens. Doctor Stief was a member of the American Medical Association, Michigan State Medical Society, Macomb County Medical Society, Contact Lens Association of Ophthalmology and the Detroit Ophthalmology Society.

Frederick C. Swartz, MD
East Lansing

Frederick C. Swartz, MD, internist, died April 6. He was 88. Doctor Swartz received his medical degree from the University of Cincinnati College of Medicine and served his internship at Cincinnati General Hospital. He was active in the military as a Major from 1942-1946. Doctor Swartz then came to Lansing and practiced internal medicine until 1983. He held several notable positions during his career including president of the Ingham County Medical Society; chief of medicine at St. Lawrence Hospital and Sparrow Hospital; and Diplomate of the Board of Internal Medicine. Doctor Swartz also received numerous awards for his contributions to society and the medical community.

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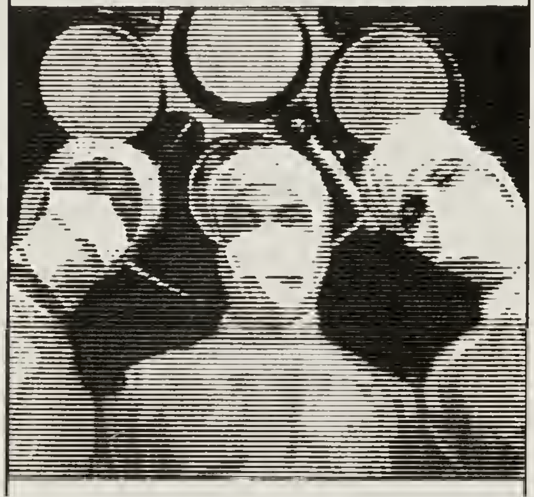

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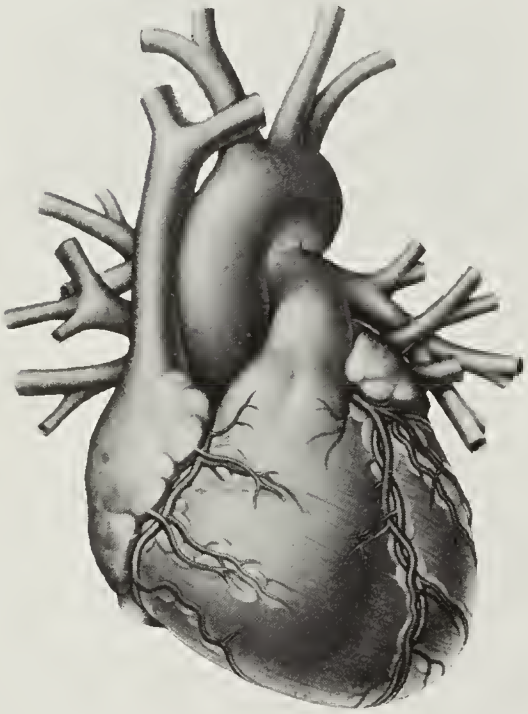

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50	244	23,676	43,990	32,457	100,000 +
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NEW MEMBERS

Members of the Michigan State Medical Society join in welcoming the following new members into a progressive state medical organization. MSMS is dedicated to promoting the science and art of medicine, the protection of the public health, and the betterment of the medical profession. Each new member is encouraged to join other MSMS members at both local and state levels in achieving these goals.

Anthony Adeleye, MD — U/GS
20901 W. Seven Mile Rd.
Detroit 48322

Scott H. Adelman, MD — CD
405 W. Greenlawn
Lansing 48910

Gerald K. Brocker, Jr., MD — AN/PD
3799 W. Grand Blvd.
Detroit 48202

Kirk J. Brower, MD — P
1500 E. Medical Ctr. Dr. U of M
Ann Arbor 48109

Bruce E. Carl, MD — FP
64580 Van Dyke, Suite C
Romeo 48065

Jeffrey K. Chaulk, MD — OPH
847 N. Center
Gaylord 49735

William D. Cowan, MD — AN
402 Ruddiman Dr. #12
N. Muskegon 49445

Rajesh D. Dagli, MD — N
1717 Shaffer Rd. #229
Kalamazoo 49001

James H. Dallman, MD — P
800 Lyncott Street
N. Muskegon 49445

William H. Dobbins, MD — FP
1170 W. Michigan Avenue
Marshall 49068

Helene C. Dombrowski, MD — D
929 Claremont
Dearborn 48124

Dirk S. Gesink, MD — IM
310 Glengarry Court
Holland 49423

Martin P. Greydanus, MD — IM/GE
240 Cherry St., SE
Grand Rapids 49503

Thomas J. Hegarty, MD — R/ON
3990 John R
Detroit 48201

Roger H. Hertz, MD — OBG
16001 W. Nine Mile Road
Southfield 48037

Philip J. Husvand, MD — IM
605 Alfa Ct. #3-A
Kalamazoo 49002

Devendra K. Jain, MD — IM
3088 Roosevelt
Hamtramck 48212

Mukhtar A. Khan, MD — IM/CD
6294 Ramwyck Ct.
West Bloomfield 48322

Taufiq A. Khan, MD — GS
36300 Van Dyke
Sterling Heights 48077

Michael A. Kore, MD — PD
8807 Gull Road
Richland 49083

Robert A. LaFleur, MD — EM
2720 Capilano Dr., SE
Grand Rapids 49546

Mark L. Lukens, MD — R
7644 Appoline
Dearborn 48126

Carol K. Lyon, MD — IM
782-B E. Columbia
Mason 48854

Lawrence L. MacDonald, MD — IM
1406 Shaker
Troy 48083

Anatole C. Matulis, MD — P
1425 Hibbard St.
Detroit 48214

Martina G. McGowan, MD — OBG
1111 W. Broadway
Three Rivers 49093

Constance A. Mernagh, MD — FP
325 E. Centre Avenue
Portage 49081

Mary E. Moeller, MD — PD
134 E. Candlewych #421
Kalamazoo 49001

Kathleen C. Mueller-Norton, MD — IM
1953 E. Maple Rd.
Birmingham 48009

Harman J. Nagler, MD — PD
1525 W. Lake Lansing Rd.
East Lansing 48823

Michael S. Nosanov, MD — OTO
915 W. Green Street
Hastings 49058

Brian L. Ortman, MD — ORS
8310 Appleblossom Lane
Flushing 48433

Michael J. Paletta, MD — IM
6777 W. Maple Road
West Bloomfield 48033

Vina R. Patel, MD — PD
5162 Churchgrove
Frankenmuth 48734

Regio T. Penna, MD — PTH
274 E. Chicago St.
Coldwater 49036

John C. Pollina, MD — PM
22151 Moross #304
Detroit 48236

Frank S. Pollina, MD — PM
22151 Moross #304
Detroit 48236

Mohammad J. Ranginwala, MD — IM
1400 E. Parkdale AVe. #4
Manistee 49660

Robin Ann Royster, MD — IM
820 Lester Avenue
St. Joseph 49085

John J. Schram, DO — AN
1060 W. Norton Avenue
Muskegon 49441

David S. Segaloff, MD — PD
1488 Ardmoor Avenue
Ann Arbor 48103

John F. Stamler, MD — OPH
1000 E. Paris Ave., SE
Grand Rapids 49546

John H. Traylor, III, MD — AN
19611 Dorset
Southfield 48075

Lewis H. Twigg, MD — OBG
352 S. Saginaw St.
Flint 48502

Carlos A. Vivas, MD — U
1915 E. 14 Mile Road
Birmingham 48008

Robert A. Vogt, MD — DR/EM
5708 N. Pinnacle
West Bloomfield 48322

George A. Williams, MD — OPH
27475 Schoolcraft Road
Livonia 48150

MEETINGS

MSMS Meetings

June

8,9, MSMS/PSG, AMA's Starting Yourself in Medical Practice: Selecting an HMO or Private Practice, Weber Inn, Ann Arbor, MI. Contact: Amy Fistler, PSG, Assistant to General Manager (517) 337-1351 Ext. 65.

July

12-15, MSMS Board of Directors Meeting, Grand Traverse Resort, Traverse City, MI. Contact: William E. Madigan, MSMS Executive Director, (517) 337-1351.

August

6-10, MSMS/PSG, Conomikes Medical Office Management Institute, Grand Traverse Resort, Traverse City, MI. Contact: Amy Fistler, PSG, Assistant to General Manager (517) 337-1351 Ext. 65.

September

14,15, MSMS/PSG, AMA's Starting Yourself in Medical Practice: Selecting an HMO or Private Practice, Hyatt Regency, Dearborn, MI. Contact: Amy Fistler, PSG, Assistant to General Manager (517) 337-1351 Ext. 65.

18, MSMS Public Affairs/Leadership Conference, Radisson Hotel, Lansing, MI. Contact: Mary Anne Ford, Chief, State Government Affairs, (517) 337-1351.

19, MSMS Board of Directors Meeting, MSMS Headquarters, East Lansing, MI. Contact: William E. Madigan, MSMS Executive Director, (517) 337-1351.

AMA Meetings

June

18-19, Second Annual Conference: Testing, Counseling and Early Care of HIV Patients, Westin St. Francis Hotel, San Francisco, CA. Contact: John Hammarley, American Medical Association, Dept. of Public Information, 535 North Dearborn St., Chicago, IL 60610. (312) 645-4417.

24-28, AMA 1990 Annual Meeting, Chicago, IL, Contact: American Medical Association, Dept. of Public Information, 535 North Dearborn St., Chicago, IL 60610. (312) 645-5000.

Michigan Specialty Society Meetings

June

7-8, Annual Residents/Surgeons Day and Michigan Chapter, American College of Surgeons Annual Meeting, Bellaire, MI. Contact: Viola Heins, PSG, Account Executive (517) 337-1351 Ext. 56.

July

20-22, Michigan Society of Medical Assistants, Summerfest-1990, Gaylord, MI. Contact: G. Warden-Day CMA, 4574 Jamm Rd, Pontiac, MI 48055. (313) 391-1204.

September

6,13,27, Michigan Psychoanalytic Institute Discussion Series for Parents: Toddlerhood. Contact: Michigan Psychoanalytic Institute, Extension Division. (313) 559-5855.

13, Michigan Psychoanalytic Society, Psychoanalysis and Psychoytherapy: A Contemporary Perspective. Contact: John J. Hartman, Chairman (313) 559-5855 or (313) 557-8633.

National Specialty Society Meetings

June

10-14, American Orthopaedic Association, Annual Meeting, Boston, MA. Contact: Pauletta Reid, Administrative Secretary, (312) 645-4412.

11-15, American College of Physician Executives, Physician in Management I & II. Contact: The American College of Physician Executives, (813) 287-2000.

20-24, American Academy of Dermatology, Interim Meeting, Boston, MA. Contact: Pauletta Reid, Administrative Secretary, (312) 645-4412.

July

23-26, The American College of Physician Executives, Summer Executive Symposium, Montreal, Quebec, Canada. Contact: The American College of Physician Executives, (813) 287-2000.

27-30, American Academy of Sport Physicians, Annual Meeting, Seattle, WA. Contact: Janie Zimmer, Academy Coordinator, 17113 Gledhill Street, Northridge, CA 91325. (818) 886-7891.

August

17-19, American Academy of Family Physicians, National Conference of Family Practice Residents and Students, Kansas City, MO. Contact: Beth Paulsen, Manager, (800) 274-2237, ext. 4420.

September

9-13, American Academy of Otolaryngology – Head and Neck Surgery, Annual Meeting, San Diego, CA. Contact: Pauletta Reid, Administrative Secretary, (312) 645-4412.

16-19, American College of Emergency Physicians, Annual Meeting, San Francisco, CA. Contact: Pauletta Reid, Administrative Secretary, (312) 645-4412.

21-23, Society of Thoracic Surgeons, Interim Meeting, Chicago, IL. Contact: Pauletta, Reid, Administrative Secretary, (312) 645-4412.

21-26, American College of Radiology, Annual Meeting, Nashville, TN. Contact: Pauletta Reid, Administrative Secretary, (312) 645-4412.

Other Meetings

June

7-10, AIDS: Living in Recovery Conference, Cincinnati, OH. Contact: James R. Searingen, Communication Coordinator. (513) 579-3227.

August

18-24, The Ninth Annual Meeting of The Society of Magnetic Resonance in Medicine. Contact: SMRM, 1918 University Ave., Suite 3C, Berkeley, CA 94704. (415) 841-1899.

September

24-25, 5th Annual Urological Postgraduate Course. Contact: Ananias C. Diokno, MD, William Beaumont Hospital. (313) 288-2554.

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CATEGORY I COURSES

Michigan Medicine each month carries a list of opportunities in Michigan for doctors of medicine to obtain Category I credit toward meeting the requirements of Michigan law. Sponsors of Category I programs and courses in Michigan are invited to submit information for the monthly calendar. Each listing below, of programs that carry at least three hours of Category I credit, indicates a contact person so the physician can obtain information. Physicians with questions about accredited programs may phone MSMS headquarters, (517) 337-1351.

June

6-8, Current Topics in Blood Banking. Location: Towsley Center, Ann Arbor, Michigan. **Sponsor:** University of Michigan Medical School, Department of Pathology. **Contact:** Gayle Fox, Program Assistant, Office of Continuing Medical Education, G-1100 Towsley Center-Box 0201, University of Michigan Medical School, Ann Arbor, MI 48109-0201. (313) 763-1400. **Approved for:** 12 hours Category I Credit.

13-15, Clinical Laboratory Computer Symposium. Location: Towsley Center, Ann Arbor, Michigan. **Sponsor:** University of Michigan Medical School, Department of Pathology. **Contact:** Debra DeSmyther, Program Assistant, Office of Continuing Medical Education, G-1100 Towsley Center-Box 0201, University of Michigan Medical School, Ann Arbor, MI 48109-0201. (313) 763- 1400. **Approved for:** 16 hours Category I Credit.

July

12-14, First Bristol-Myers Squibb Symposium on Pain. Location: Towsley Center, Ann Arbor, Michigan. **Sponsor:** University of Michigan Medical School. **Contact:** Gayle Fox, Program Assistant, Office of Continuing Medical Education, G-1100 Towsley Center-Box 0201, University of Michigan Medical School, Ann Arbor, MI 48109-0201. (313) 763-1400. **Approved for:** 16 hours Category I Credit.

20-23, Sixteenth Annual Advances in the Management of Infectious Diseases. Location: Grand Hotel, Mackinac Island, Michigan. **Sponsor:** University of Michigan Medical School, Department of Internal Medicine. **Contact:** Betty Phillips, Program Assistant, Office of Continuing Medical Education, G-1100 Towsley Center-Box 0201, University of Michigan Medical School, Ann Arbor, MI 48109-0201. (313) 763-1400. **Approved for:** 11 hours Category I Credit.

21-28, 8th Annual Medical Seminar. Location: Plummer's Great Slave Lake Lodge, Northwest Territories, Canada. **Sponsors:** North Memorial Medical Centre and University of Minnesota, Department of Family Practice. **Contact:** (800) 665-0240. **Approved for:** 21 1/2 hours Category I Credit.

22-25, 4th Annual Symposium on Breast Disease. Location: Grand Traverse Resort, Traverse City, Michigan. **Sponsor:** University of Michigan Medical School, Department of Radiology. **Contact:** Ted Ciganik, Program Assistant, Office of Continuing Medical Education, G-1100 Towsley Center-Box 0201, University of Michigan Medical School, Ann Arbor, MI 48109-0201. (313) 763-1400. **Approved for:** 13 hours Category I Credit.

24-27, Cardiology Update. Location: Grand Hotel, Mackinac Island, Michigan. **Sponsor:** University of Michigan Medical School, Department of Internal Medicine. **Contact:** Betty Phillips, Program Assistant, Office of Continuing Medical Education, G-1100 Towsley Center-Box 0201, University of Michigan Medical School, Ann Arbor, MI 48109-0201. (313) 763-1400. **Approved for:** 10 hours Category I Credit.

August

3-4, Diabetes & Endocrinology Update. Location: Grand Traverse Resort Village, Traverse City, Michigan. **Sponsor:** University of Michigan Medical School, Division of Endocrinology and Metabolism, Department of Internal Medicine. **Contact:** Registrar, Office of Continuing Medical Education, G-1100 Towsley Center-Box 0201, University of Michigan Medical School, Ann Arbor, MI 48109-0201. (313) 763-1400. **Approved for:** 7 hours Category I Credit.

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FAMILY MEDICINE PHYSICIANS PRACTICE OPPORTUNITIES — SOUTHEASTERN MICHIGAN. Providence Hospital is seeking Board Eligible/Certified Family Physicians for practice opportunities in the Providence network of family health centers. These family health centers serve smaller congenial communities in the western suburbs of Metropolitan Detroit. Core groups of family physicians create an atmosphere conducive to the practice of family medicine. Access to tertiary care and family-centered obstetrical care available. All practice opportunities sponsored by Providence Hospital, Department of Family Practice. An excellent salary and benefit program awaits the selected individuals interested in true family medicine. Please forward a curriculum vitae in confidence to: Rob Stenberg, Senior Associate, Bernie Hoffmann Associates, Inc., 15565 Northland Drive, Suite 800 East, Southfield, MI 48075. Phone: (313) 557-9340.

FAMILY PHYSICIAN needed for lovely Northeast Indiana town. Large coverage group, low malporactice; OB optional. Excellent income guarantee and benefits combined with bucolic lifestyle and modern progressive hospital make this a unique opportunity. For more information contact Cheryl Broderick: (800) 221-4762 or collect (212) 599-6200.

FAMILY PRACTICE - HOSPITAL-SPONSORED clinic opportunity. Dynamic, growth-oriented hospital in beautiful North Central Wisconsin is seeking two family physicians for a new clinic facility currently being constructed. The administrative burdens of medical practice will be minimized in this hospital-managed clinic. The hospital has committed to an income and benefit package which is significantly higher than similar opportunities. Package includes base income, incentive bonus, malpractice, disability, signing bonus, and student loan reduction/forgiveness program. All relocation costs will be borne by the hospital. Please contact Dan McCormick, President, Allen McCormick, France Place, Suite 920, 3601 Minnesota Drive, Bloomington, MN 55435 (612) 835-5123.

FAMILY PRACTICE: Marshfield Clinic, a multispecialty group practice with nearly 350 physicians, is seeking a 7th BE/BC family practitioner for one of its expanding (12 physician) regional centers in northwestern Wisconsin; within approximately two hours of Minneapolis/St. Paul and/or Lake Superior. The ability to perform cesarean sections is a prerequisite for this position. Construction for a new $2 million clinic is scheduled for mid-1990. Position offers an excellent professional environment combined with an exceptional blend of recreational, cultural and educational opportunities. No start-up expense. Salary negotiable ($90,000+) with outstanding fringe benefit package (includes Clinic, self-insured malpractice). Opportunity to practice broad spectrum family practice with on-site access to a variety of consultants and time to enjoy family and recreation. Send CV and references to: David L. Draves, Director Regional Development, 1000 North Oak Avenue, Marshfield, WI 54449 or call collect at (715) 387-5376.

FAMILY PRACTICE: Marshfield Clinic, a multispecialty group practice with nearly 350 physicians, is seeking BE/BC family practitioners to join expanding regional centers. Practice opportunities range in size from single specialty groups of three to multispecialty group of 25. Positions available in six locations: Two in northwestern Wisconsin within 70 and 90 miles of Minneapolis; two in north central Wisconsin within 80 and 90 miles of Lake Superior; and two in central Wisconsin within 25 and 35 miles of Marshfield. Full specialty consultation readily available. Positions offer strong economic stability combined with exceptional recreational, cultural, and educational opportunities. Starting salary up to $92,160 with salary in two years up to $116,400. Fringe benefit package outstanding. Send CV and references to: David L. Draves, Director Regional Development, 1000 North Oak Avenue, Marshfield, WI 54449 or call collect at (715) 387-5376.

FAMILY PRACTICE – Physicians seeking a BE/BC family practice physician for the Norway, Michigan, service area. The physician would have the option of joining one of the existing practices and/or setup his/her own practice. Anderson Memorial Hospital is a part of Dickinson County Hospitals and has a service area population of over 45,000. Contact: Doctor Paul Hayes, Anderson Memorial Hospital, Main Street, Norway, MI 49870 (906) 563-9243 or office (906) 563-9255.

FULL-TIME, PART-TIME, AND LOCUM TENENS. GPs, PPs, and **Emergency Physicians** needed to staff a network of convenience medical care centers located in Bay City, Saginaw, Midland, and Mt. Pleasant, Michigan. Flexible hours and attractive compensation packages. Send CV to or contact Euclid Medical Group, PC, 1420 Center Avenue, Bay City, MI 48708 (517) 892-1199.

GENERAL INTERNIST WITH INTEREST IN PREOPERATIVE EVALUATIONS. Marshfield Clinic, a multispecialty group practice with over 300 physicians, is seeking a BE-/BC general internist to staff a Preoperative Evaluation Clinic. There is no hospital practice, night or weekend call. This is a half-time position; and the applicant may develop the other half of practice to meet his or her practice interests which could include staffing a Walk-In Clinic; Employee Health Clinic or development of a private practice. Salary negotiable but very competitive depending on the type of practice developed, and the fringe benefit package is outstanding. Send references and CV to David L. Draves, 1000 North Oak Avenue, Marshfield, WI 54449 or call collect (715) 387-5376.

GENERAL INTERNIST WITH PSYCHIATRY INTEREST: Marshfield Clinic, a multispecialty group practice with over 300 physicians, is seeking a Medical Director for the inpatient Psychiatry Unit. A BC/BE internist with psychiatry experience is preferred. The medical directorship of the Psychiatry Unit is half-time, and the applicant may develop the other portion of practice to meet his or her practice interests. This could include a private practice or noncontinuity of care practice such as Walk-in Clinic, Preop Evaluation or Employee Health Clinic. Starting salary is negotiable but very competitive and the fringe benefit

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package is outstanding. Send CV and references to David L. Draves, 1000 North Oak Avenue, Marshfield, WI 54449 or call collect (715) 387-5376.

GENERAL SURGEON needed for growing Northeast Indiana town 40 miles from Fort Wayne. Join existing practice or enjoy coverage arrangement only. Excellent income and benefits package, office subsidy, low malpractice. Small-town living with big city advantages. Contact Cheryl Broderick at (800) 221-4762 or collect at (508) 688-9063.

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MEDICAL DIRECTOR FOR PLANNED PARENTHOOD outpatient surgical clinic. Progressive community; competitive salary and benefits. Malpractice insurance covered. Limited call. Service includes reproductive health care, abortion, sterilization. Send CV to Director, 4201 W. Michigan, Kalamazoo, MI 49007 or call (616) 372-1205. EOE

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MINNESOTA/WISCONSIN: DERMATOLOGY, FAMILY PRACTICE, PSYCHIATRY, SURGERY, LOCUM TENENS. Urban and rural locations, Single specialty and multispecialty groups, Strong hospital support. Contact: LifeSpan Health Care Service, 800 East 28th Street, Minneapolis, MN 55407, (612) 863-4193, Ask for Jerry Hess.

NORTHERN MICHIGAN MEDICAL CORPORATION seeking **general practice** physicians. Well-established family practice with 90+ bed hospital with various specialties available. Five medical clinics with small-town atmosphere in nice retirement and vacation areas. $100,000 annual salary with benefits and opportunity to become corporate shareholder. Reply to: Edna Rydd, Corporate Office, P. O. Box 509, Rose City, MI 48654. (517) 685-3366.

OB-GYN / FAMILY PRACTICE / PEDIATRICS / INTERNAL MEDICINE: Several attractive opportunities in Wisconsin, Michigan, and Indiana (many on lakes) for BC/BE physicians. Contact Bob Strzelczyk to discuss your practice requirements and these positions. **STRELCHECK & ASSOCIATES, INC.**; 12724 N. Maplecrest Lane; Mequon, WI 53092; (800) 243-4353.

ORTHOPEDIC SURGEON – A progressive 126-bed, two-hospital system is seeking an orthopedic surgeon to join an established practice in the Iron Mountain area of Michigan's Upper Peninsula. Must be BE/BC. Dickinson County Hospitals has a medical staff of 45 full-time physicians and a total service area population of over 45,000. Doctor Roberts will guarantee $250,000 plus malpractice insurance, office space, CME, vacation and relocation exper ses. CONTACT: John Schon, Administrator, Dickinson County Hospitals, 400 Woodward Avenue, Iron Mountain, MI 49801 (906) 779-4500.

PEDIATRICIAN: 115 physician multispecialty clinic in the Fox River Valley of northeastern Wisconsin desires a BC/BE pediatrician to join department of 17 BC/BE pediatricians. Two year guarantee plus comprehensive benefit package offered. The community offers a superb recreational, cultural, and family environment in which to practice. For information please call or write: Roger Rathert, MD, La Salle Clinic, 411 Lincoln Street, Neenah, WI 54956 (414) 727-2702.

PHYSICIAN WANTED: Enthusiastic **General Practitioner** or **Internist**, full- or part-time, may be semi-retired. Days only. Southfield area doctor's office/walk-in care facility. Call Mr. Corey days: (313) 557-5155, evenings: (313) 661-0404.

RADIATION THERAPIST Wayne State University/Harper-Grace Hospitals is seeking a physician for the Radiation Oncology Center. This position also holds a faculty position in the WSU Medical School. The department is equipped with two Linear Accelerators, 2 Cobalt Units, 2 HDRs, 2 Simulators, as well as a CT Simulator and a Cyclotron soon to be installed. You must be Board eligible for certification in the ACR. All qualified physicians please send your curriculum vitae to: William E. Powers, MD, Chief, Radiation Oncology Center, 4201 St. Antoine, Detroit, MI 48201. Wayne State University is an Equal Opportunity/Affirmative Action Employer.

RADIOLOGIST – A three man radiology group is seeking a fourth radiologist with experience and interest in interventional radiology. Dickinson County Hospitals is a progressive 126-bed, two hospital system located in Iron Mountain, Michigan's Upper Peninsula. We have a service area population of over 45,000. Contact and/or send resume: Doctors Specht-/Shampo/Manzano, Radiology Department, Dickinson County Hospitals, 400 Woodward Avenue, Iron Mountain, MI 49801 (906) 779-4565.

RADIOLOGIST Newly developing Radiology group seeks to interest individuals to join this highly dynamic hospital environment. Compe-

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tencies should include: Diagnostic Radiology, Ultrasound, Nuclear Medicine, CAT Scan, Interventional Angiography and Mammography. Serious inquiries should be directed to John Filipovich, Assistant Director, Personnel, Michigan Health Care Corporation, (Corporate Offices) 7430 Second Avenue, Detroit, MI 48202, phone number (313) 874-9154 or Frank Messana, DO, Medical Director, Radiology Department, Michigan Health Center, Division of Michigan Health Care Corporation, 2700 Martin Luther King Jr. Blvd., Detroit, MI 48208.

RADIOLOGIST: Sixth Board-Certified Diagnostic Radiologist needed for coverage at Marquette General Hospital (Regional Medical Center), private office, and two community hospitals. Practice includes: angiography and invasive procedures, Nuc Med, U/S, and GE CT and MRI. Marquette, Michigan is on the south shore of Lake Superior in the beautiful Upper Peninsula. There is immediate access to all outdoor activities: hunting, fishing, skiing, boating, etc. We offer competitive salary, early partnership, CME reimbursement, retirement plans and other fringes. Position available July 1, 1990. Contact Marquette Radiology Associates, 1414 W. Fair, Marquette, MI 49855, or call Doctor Bert Lara (906) 225-3945.

RADIOLOGISTS NEEDED for several openings in: Washington D.C., Scott AFB, IL (near St. Louis), and North Dakota. Practice quality medicine on quality people — where the patient's needs come first. Reach for new heights. Call USAF HEALTH PROFESSIONS (800) 423-USAF Toll Free. Please send CV to Col. William E. Patterson, HQ USAFRS/RSH, Randolph AFB, TX 78150.

WANTED: FULL AND PART TIME PRIMARY CARE PHYSICIANS for urgent care walk-in clinics, multiple locations. Flexible hours, no hospital duties. Excellent compensation and incentives. Paid malpractice insurance. Full-time benefits include medical society dues, health, life, and disability insurance. Send CV to: Outpatient Medical Clinics, P. O. box 610948, Port Huron, MI 48061.

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APPRAISALS AND EVALUATIONS. We specialize in determining the value of practices for any purpose — sale, purchase, buyin-buyout, financial planning, divorce, etc. We also specialize in partnership development and practice analysis. Protect your interests! Call Richard Corey, CMDC, Medical-Dental Management Consultants Corp., 31158 Perrys Crossing, Farmington Hills, MI 48018. Day (313) 661-0888 or night (313) 661-0404.

ARE YOU THINKING OF EVALUATING — BUYING — SELLING A PRACTICE? IF SO, CALL THE PRACTICE EXPERTS AT PROFESSIONAL PRACTICE SALES, INC. — CALL: HERBERT SILVERMAN, ASSOCIATE BROKER (313) 569-7336 — PROFESSIONAL PRACTICE SALES, INC., 27208 SOUTHFIELD, LATHRUP VILLAGE, MI 48076.

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PHYSICIAN/ATTORNEY, MSMS member. Available for independent advice or legal representation of defendants in medical negligence cases. No charge for initial consultation to MSMS physicians concerned that potential verdict may exceed insurance policy limits or that insurance company attorney not representing best interest of physician. Contact Doctor Grysen at (800) 727-1470.

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"NEVER MIND IF I WANT MILLILITERS OR OUNCES. JUST GO A LITTLE IN THE BOTTLE."

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would feel about their various proposals as they brought them to us, but the decisions were theirs. What they decided was to stop UCR payments, with all the attendant complications of screens and profiles, and to go to a fee schedule. This will be based on the BCBSM RVS, with readjustments where the profession has told them that they are farthest out of line. Overall payment levels will be raised, less than our members would like, but more than our worst fears when we found out that the payers controlled this decision.

So what do we think of the contract? It looks a lot like the PPO contracts already offered by multiple private insurers or groups of insurers in Michigan. The amount of information furnished about their utilization programs is roughly comparable to what is provided in other such contracts. The termination provisions are comparable. Due to our efforts, the confidentiality provisions are better spelled out in this contract. The appeals process ends up with PROM, which, though some may not care for it, is at least a creation of MSMS. We suggested preserving the PA 350 appeals process as a contractual option, but this may become less effective now than it was before the new contract.

Medical necessity still is defined by the Blues, over our objections, though the present definition is a great improvement over the original one we saw. A Provider and Professional Provider Contract Advisory Committee has been created at our request to address currently unsolved problems on an ongoing basis.

Utilization review programs, audits, and retrospective recoveries remain essentially unchanged from current practices. BCBSM has eliminated statistical sampling for postaudit recovery when the dispute is over medical necessity, pursuant to our recommendations. They did decide to stand fast though and maintain statistical sampling for other matters, such as coding errors. At our request, payments for procedures labelled as experimental or investigational will not be addressed under the definition of medical necessity, but they will be an area in which the Advisory Committee will provide policy recommendations.

In short, we won some and we lost some. MSMS legal counsel will provide you with a legal analysis of the contract in next month's issue of *Michigan Medicine.* In this month's issue, BCBSM will give you their arguments to tell you why you should sign. In the final analysis, the decision is yours. If you sign, that most likely means you accept the result of all these efforts and deliberations. It also tells the Blues that you believe they listened well to our advice. If you do not, this probably means that you think they did not listen well enough. BCBSM has assured us that the revised fee schedules will be available for your review before you have to return your signed contract. The bottom line is that you must decide whether signing is in the best interest of your patients and your practice. ■

Doctor Adelman is MSMS president.

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PRESIDENT'S PAGE

The Blues' new contract for participating physicians — we won some and we lost some

By Susan H. Adelman, MD

Doctor Adelman

The new Blue Cross Blue Shield of Michigan (BCBSM) contract for participating physicians is about to see the light of day. I disclose with some trepidation that I have spent many hours over the past 10 months trying to help revise this contract. The reason why I am afraid to tell you is that of all the possible activities I could engage in, being associated with BCBSM contract must be one of the most thankless.

When I told one of my colleagues how hard I have worked on this, he told me that it would have been better just to blow up BCBSM. He also told me that nobody ever informed our members about all this work. When I cited all the articles and communications MSMS has put out on the subject of the new contract, he told me we buried the contract information in a mountain of information he usually throws out. Something tells me I cannot win here.

The Blues started with their own agenda of needs. We had ours. The FTC has loudly and clearly said that we cannot negotiate with each other. The lawyers tell us that doctors can always advise the Blues, if they ask us. Mind you, if they take our advice in part, but not fully, the flaws in the final contract will be blamed on us as well as on them. If we refuse to become associated with the contract at all, we risk a far worse contract than what we might expect if we do try to guide and advise BCBSM. Certainly if we do nothing, our members will ask why their representatives were not there representing them. Incidentally, if the Blues did happen to take all of our advice, we probably would have to conclude that we did not give them enough.

If MSMS recommends this contract, our members will complain that we are endorsing it, along with all defects which remain after we have accomplished everything we can. If we criticize the contract too severely, the FTC may accuse us of telling our members not to sign — a false accusation, but one that could unjustly cost us a pretty penny in penalties. Not only that, but after the Blues have made their best efforts to correct every problem they can in order to win our approval, if we totally reject the result, they will feel that they have wasted their time. Then next time they may not ask for our advice.

So what do we think of the new physician contract? Obviously, I am reluctant to say. MSMS has been working with this contract since July, 1989. We — The Physicians Advisory Council, the MSMS-BCBSM Liaison Committee, or MSMS and BCBSM leadership, both with and without legal counsel — have had, conservatively speaking, an average of at least two meetings of one sort or another every month. The BCBSM Physician Contract Advisory Subcommittee of the Health Care Delivery and Cost Committee, chaired by the representative of the UAW, met 11 times, several of which meetings were with physician and other professional organizations.

With MSMS coordination, nine physician focus group meetings were held to allow physicians in nine areas of Michigan to tell BCBSM staff and members of the BCBSM Subcommittee what they think BCBSM needs to do in this contract to increase physician participation. MSMS and BCBSM both prepared extensive compilations of these physician comments for BCBSM to take into consideration in their further contract revisions.

At the same time that MSMS was working on the BCBSM contract, a group of physicians and legislators from western Michigan started a process of meeting to catalogue constituent and physician complaints about BCBSM and asking for BCBSM to make appropriate changes in its policies and management policies. The legislators made it clear that if physicians do not think that BCBSM has responded satisfactorily to our concerns, legislative remedies may result. This too has played a role in the contracting process. In short, we have worked hard and come a long way. Whether it has been far enough is for you to judge.

From the outset, it was clear that the BCBSM legal department needed to have participating physicians agree in a written and defendable legal contract to abide by BCBSM utilization programs and understand that if they deliberately disregard these programs, they will be departicipated. Stated goals were to increase participation levels, keep the cost base for physician services in line with national rates, make it possible for BCBSM to adjust administrative policies in the future, improve working relationships with physicians, and to be compatible with the Participating Hospital Agreement. This means that such a contract must be more detailed than any previous agreement for BCBSM traditional business. This also means that BCBSM knew it would have to sweeten its reimbursement to convince physicians to sign such a contract.

Reimbursement changes were made by the BCBSM Physician Contract Advisory Subcommittee, which was chaired by the UAW representative, and which had all three auto companies represented. We let them know how we thought our members

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WHOM TO CALL AT MSMS HEADQUARTERS

EXECUTIVE DIRECTOR: WILLIAM E. MADIGAN
ASSISTANT DIRECTOR: KEVIN A. KELLY
(517) 337-1351

The individuals listed at right are a very integral part of the Michigan State Medical Society - they are the staff. The 55 members of the staff provide a wealth of information and assistance every day to MSMS members who have questions and want answers.

Here are just a few of the questions MSMS has received and answered: "Medicare has not sent a payment in three months and I have provided over $60,000 worth of treatment. Who can I talk to at BCBSM about this problem?" "I neglected to renew my license and I am scheduled for surgery tomorrow. I cannot reach the Department of Licensing and Regulation. Can you help me?" Staff was able to provide assistance to these physicians and stands ready to assist the membership everyday.

Do not forget that the MSMS staff members listed at right can help you through a bureaucratic maze, give you the most complete information about the current health care delivery system, or simply provide you with directions to the MSMS building. If you have questions, we encourage you to pick up the phone and call us.

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